



HILL COUNTRY ENDODONTICS

Dr. Michael Schwarze Dr. Suman Bathina Dr. Bill Greer

Root Canal Specialists*

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Referral Introduction

Patient's Name: _____ Date: _____

Patient's Cell: _____ Home: _____

Referred By: _____

Referred for the Following:

- Evaluation First
- Root Canal Treatment
- Re-Treatment
- Apical Surgery
- Pulp Exposure
- Anxiety

Please restore with:

- Temporary Filling
- Final Filling
- Make Post Space Only
- Post and Core Build Up
- Other _____

Notes: _____

Please Circle Teeth to be Evaluated / Treated

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

*Dr. Schwarze, Dr. Bathina and Dr. Greer are specialists trained in Endodontics. Endodontists are experts in diagnosing and treating root canal problems that you as a patient might have. Please see www.AAE.org for more information.



Specialist Member

• *Quality* • *Caring* • *Conservative*

