



Hill Endodontics, P.C.

Scott T. Hill, DDS, MSD
Root Canal Specialist

A 5520 Pebble Village Lane, Suite 200
Noblesville, IN 46062

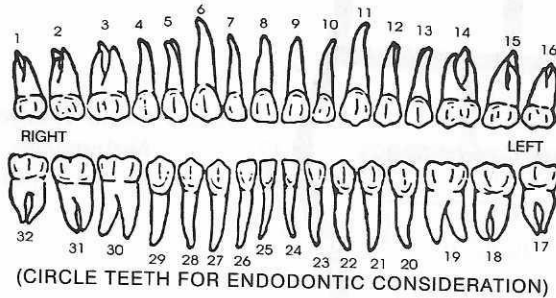
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Introducing _____ Appt. _____

Referring Doctor _____



Reason for Referral:

- Root Canal Therapy
- Retreatment
- Diagnosis
- Apical Surgery

Other Information:

Sedation: Nitrous Oxide Sedation Oral Sedation

Diagnostic

Information: Sensitivity to: Cold Heat

Pain: Constant Intermittent

Vague

Swelling Sinus Tract

Periapical Radiolucency

Endodontics Needed for Restorative Purposes

Trauma Pulp Exposure

Preference: Post Space

Remarks: _____