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Please do not take pain relievers before your appointment so diagnostic test results can be accurate

Name _____ Appointment Time _____

Referred by _____ Teeth Involved _____

X-ray (current x-ray with apices within 1 month of appointment, otherwise a new xray is needed)

- Sent with this referral
- Emailed to st.pete.endo@gmail.com
- New x-ray needs to be taken
- Regular mail

Referring dentist please select options

Current situation

- Patient has discomfort
- Periapical Pathosis
- X-ray indicates pulpal involvement
- Previous root canal
- Caries
- Possible resorption
- Fracture

Requested treatment

- Evaluation Only
- Evaluation and Treatment
- Root Canal Treatment
- Retreatment
- Post removal
- 3D cone beam imaging
- Endo needed to restore the tooth

Do you want the tooth prepared with a post space? Yes No

Please select your restorative preference

- Temporary filling
- Bonded amalgam filling
- Bonded composite filling
- Cement post and build up

Panoramic imaging Yes No

Dentist Notes / comments

SEE REVERSE SIDE FOR MAP AND DIRECTIONS