



Willow Bay Dental

Dr. Nicholas Mattila

Dr. Eliese McClarie

Introducing: _____

Date of Referral: _____

Date of Birth: _____ Patient Phone: _____

Referred by: _____

- Endodontic Therapy
- Endodontic Consultation
- Resorption Concern
- Endodontic Retreatment/Surgery
- Other

| | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| 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 | |

Date of image(s) taken (image attached): _____

- Endodontics necessary for proper restoration
- Pulp was exposed
- Radiograph revealed radiolucency
- Patient has vague toothache, please evaluate

Please Check Preference:

- Temporary over Cotton
- Composite
- Fuji
- Post Space
- Nitrous Oxide
- Sedation

Special Instructions/Medical Concerns:

Willow Bay Dental Care

2040 Central Ct, Green Bay, WI 54311

www.willowbaydental.com

(920) 468-0504