



**Springborough Endodontics**  
 #224, 30 Springborough Blvd SW  
 Calgary, AB T3H 0N9  
 (403) 262-3636  
 email: springboroughendo@telus.net



**North Calgary Dental Specialists**  
 #225, 160-96th Ave NE  
 Calgary, AB T3K 6G4  
 403-455-5453  
 email: info@northcds.com

**First Available Appointment at either location**

**Dr. John Bogle** D.M.D., M.S., F.R.C.D.(C)

**Dr. Michael Crisanti** D.M.D., CAGS (Endodontics) F.R.C.D.(C)

**Dr. Christopher Lai** B.Sc, D.M.D, M.S., F.R.C.D.(C) provisional

**Dr. Aleem Kara** D.M.D.

PREFERRED CONTACT

Patient Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Patient Email: \_\_\_\_\_ Phone (W): \_\_\_\_\_

Phone (C): \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tooth to be evaluated: 18 17 16 15 14 13 12 11 • 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 • 31 32 33 34 35 36 37 38

REASON FOR REFERRAL:

- Consultation only (DX imaging included)
- Periapical radiolucency present
- Pulp exposure
- RCT required for proper restoration
- Evaluation for endodontic surgery/ReTx
- Tooth history includes crack/fracture
- Initial testing indicates RCT necessary
- Patient has vague toothache, please evaluate
- CBCT Scan Only / no consultation

RADIOGRAPHS:

- Are being emailed/mailed

SPECIAL INSTRUCTIONS / COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESTORATIVE INSTRUCTIONS

- Place cavit / temp in access cavity
- Leave post space
- Place final restoration in access cavity
- Do not place orifice barrier

MISCELLANEOUS:

- Call me about this case
  - Before Consultation
  - After Consultation
- Crown/bridge is cemented
  - Temporary  Permanently
- Crown/bridge is
  - cerec  all porcelain  \_\_\_\_\_
- Nitrous Oxide/Oral Sedation may be needed
- Please send additional referral forms

PREFERRED METHOD OF CORRESPONDENCE

- Encrypted Electronic Reports  Mail

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE USE BLACK INK



DR. BOGLE



DR. CRISANTI



DR. LAI



DR. KARA

We are part of your dental team. Your dentist referred you to us because he or she believes your treatment requires the service of a specialist. We are an extension of your dentist's skill, care and judgement. Our office is committed to providing the best possible care, in a relaxed pleasant environment, utilizing the finest available techniques with our specially trained staff. Our goal is to save your tooth and maximize your comfort

### **To assist us with your visit to our office:**

- Bring this referral slip to your appointment
- Fill out your patient registration and medical history (which will be emailed to you)
- Bring your insurance information. We can submit your insurance claim on your behalf. Your insurance will reimburse you.