



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

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

Dr. Aleem Kara D.M.D., M.Sc., Dip. Endo., F.R.C.D.(C)

First available clinician

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.