

BUNCZAK ENDODONTICS

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Date _____

Introducing _____
for endodontic consideration. It is understood that
this patient will be returned to referring dentist for
placement of permanent restoration.

R 1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16 I
 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Referred by Dr. _____

Phone _____

Comments _____

Reason for Referral:

- ☐ Patient has a toothache
- ☐ Symptoms indicate an endodontic problem
- ☐ Pain is of undetermined origin
- ☐ CBCT
- ☐ Radiograph reveals pulpal/periapical pathology
- ☐ RCT has been initiated; please complete treatment
- ☐ RCT necessary for proper restoration
- ☐ Endodontic consultation needed
- ☐ Other _____

Planned Restoration for this Tooth:

- ☐ Build-up/crown ☐ Post/crown
- ☐ Composite ☐ Amalgam

Create Post Space? ☐ Y ☐ N

Fill Access with Composite? ☐ Y ☐ N

