OVIEDO ENDODONTICS

James Logsdon, D.D.S.
John Logsdon, D.M.D., M.S.D.

997 W. Broadway Street • Oviedo, Florida 32765
(407) 890-9116 • info@oviedoendo.com

Patient Introduction and Referral

From Doctor: _____ Date: ____/____/____

Introducing: _____ for specialty care.

Patient Phone: _____

Patient Email: _____

Reason for referral:

- ☐ Consultation/Treatment
- ☐ Retreatment
- ☐ Sx RCT/Apicoectomy
- ☐ 3D CBCT
- ☐ Gentlewave

Restorative considerations:

Post Space:
Yes ☐ No ☐

Build up:
Yes ☐ No ☐

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

Additional Remarks:

_____

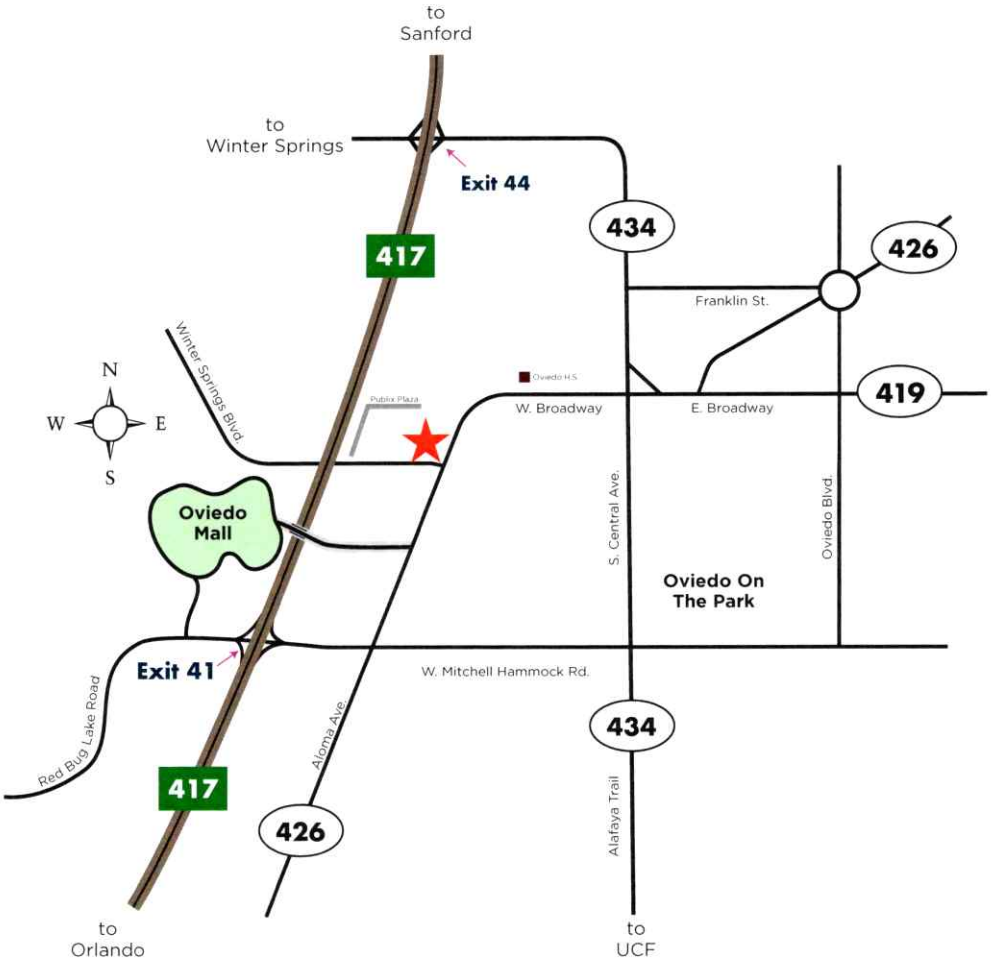
_____

_____

Please call the office at (407) 890-9116
to make an appointment
Hablamos Español / Falamos Portugués

Date: _____ **Time:** _____

OVIEDO ENDODONTICS



997 W. Broadway Street • Oviedo, Florida 32765
(407) 890-9116 • info@oviedoendo.com