



ERIE CANAL ENDODONTICS

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Endodontic Specialist

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relief@eriecanalendo.com www.eriecanalendo.com

Patient's Name: _____

Patient's Phone: _____ Referral Date: _____

Referring Doctor: _____ Phone: _____

Referring Doctor and/or office email: _____

Tooth: _____

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

Desired Treatment:

- Consult Only
- Root Canal Treatment
- RCT necessary for restorative reasons
- Evaluate for Retreatment
- Evaluate for Apicoectomy

Restorative Comments:

- Prepare Post Space
- Restore Access with Composite
- Temporize with Cavit/IRM

Patient may benefit from:

- Oral Sedation
- Nitrous Oxide

If Extraction is needed:

- Refer back to me
- Refer to _____

Comments: _____

Dental History/Present Condition:

- Asymptomatic
- Severe Pain
- Facial Swelling
- Previous Root Canal Therapy
- Xray reveals Radiolucency
- Xray reveals caries into pulp
- Crack or Fracture
- History of Trauma
- Pulp was exposed
- Root Canal Initiated

Special Instructions:

- Please Call Me Prior to Treatment
- Premedication required
- Send More Referral Slips

You have been referred to an Endodontist. Please bring this referral form to your appointment.

Although many family dentists may perform root canal procedures, your dentist feels that your case requires the attention of a specialist. Endodontists are dentists who have undertaken two+ years additional training after dental school in root canal treatment and other procedures involving the pulp, the inner tissue of the tooth. They are experienced in treating complicated cases, diagnosing and relieving oral pain, and treating traumatic injuries to the teeth. By referring you to a specialist, your family dentist is demonstrating a personal concern for the quality of your dental care. After your endodontic therapy is completed, you will return to your family dentist for final restoration (cap, crown, filling, etc.) of the tooth. Your family dentist will continue to oversee your dental care, including regular check-ups and cleaning.

Please email referral to relief@eriecanalendo.com or fax to 716-612-3636



american association of
endodontists