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## UPSTATE ENDODONTICS

Wallace Guilford, III, DMD

# REFERRAL SLIP

Patient: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ A.M.  
P.M. Date: \_\_\_\_\_

Tooth #: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

### Referred for:

- Evaluation only
- Perform RCT
- Evaluate for Retreatment

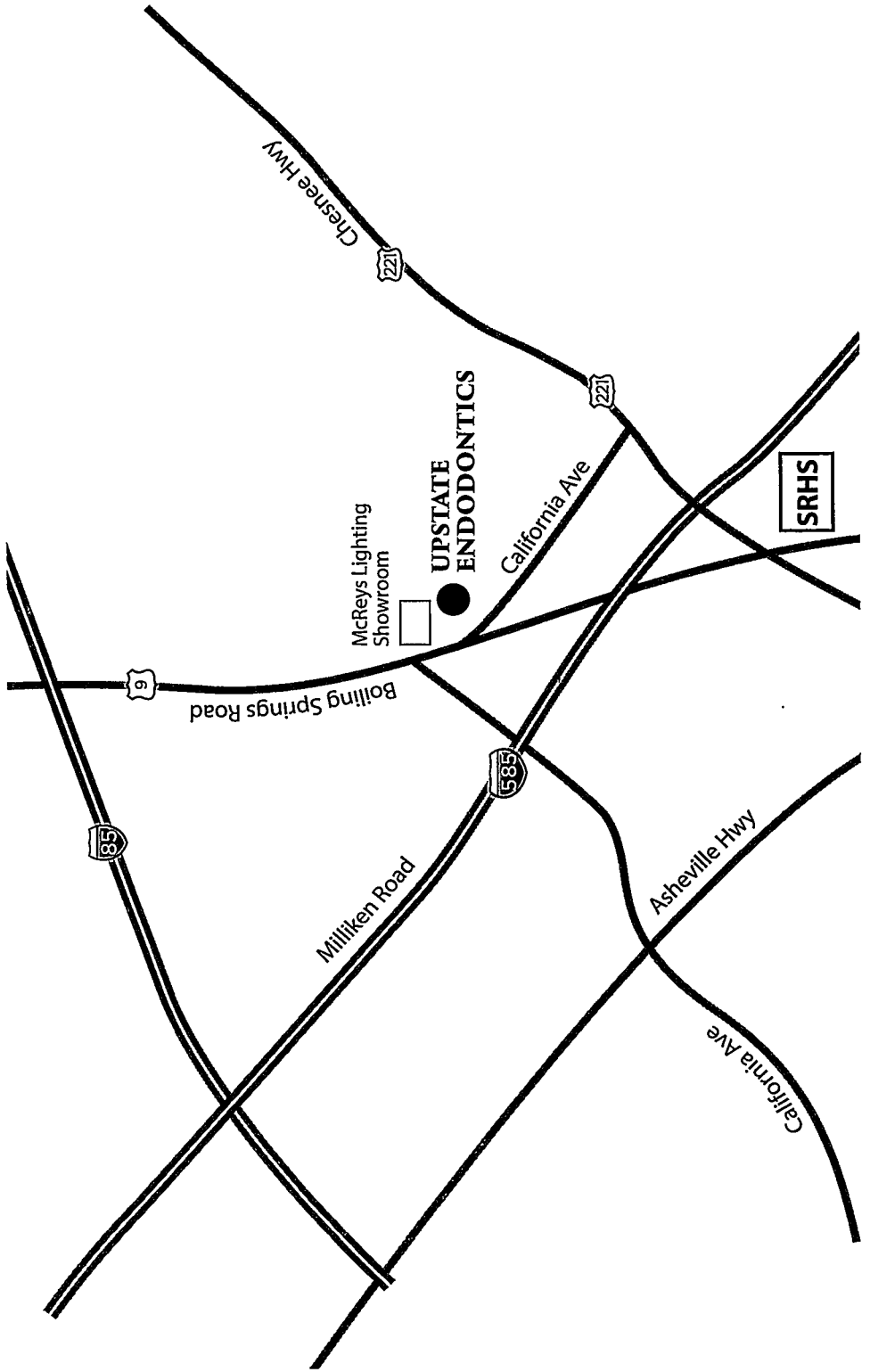
### Preferred Restoration:

- Temporary Filling
- Post space preparation & Temporary filling
- Permanent restoraton / Core buildup at time of RCT

### Additional Information/History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERRAL SLIP MUST BE BROUGHT TO YOUR APPOINTMENT.** Please contact our office prior to your appointment to discuss insurance and financial arrangements. We do require a 24 hour notice for any appointment cancellations.



Chesnee Hwy



California Ave

SRHS

UPSTATE  
ENDODONTICS

McReys Lighting  
Showroom



Boiling Springs Road



Milliken Road

Asheville Hwy

California Ave