

Nobel Biocare Oral Health Centre Graduate Endodontics Clinic

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	Dental I		
	(work)		
Tooth #	Radiograph:	Attached to email	☐ Yes ☐ No
		Shipped separately	
Referred by:		Transfer and	
Address:			
Telephone:	Fax:		
Email:			
Chief Complaint:			
Medical History / Alerts:			
Reason for Referral:	☐ Consultation only	☐ Post space p	orep.
	\square Cons. & endodontic treatment	☐ Post space &	& core build-up
Sometimes the tooth cannot be saved, e.g. because of a vertical root fracture. In such cases, please indicate here if you wish to have the following procedure at UBC graduate clinic: Tooth extraction:			

Additional Comments: