



RIVER VALLEY ENDODONTICS PA

Gentle, personalized lasting solutions...one patient at a time!



Date _____

Introducing _____
for endodontic consideration.

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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

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Referred by Dr. _____

Phone _____

Comments _____

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Reason for Referral:

- Patient has a toothache
- Symptoms indicate an endodontic problem
- Pain is of undetermined origin
- 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

