

Date: \_\_\_\_\_

## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_

Patient's Cell/Home: \_\_\_\_\_

Patient's Email: \_\_\_\_\_

## REFERRING CLINIC INFORMATION

Referring Doctor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Clinic Email: \_\_\_\_\_

**TOOTH #:** \_\_\_\_\_  Post space requested

*If Applicable Please Circle One:*

Temp. Crown    Perm. Crown

## REFERRAL REQUEST

Consultation

- Initial RCT
- RCT has been started (send mid-treatment radiograph)
- Retreatment
- Apicoectomy Surgery



**Tower**  
Endodontics

MAGRATH PROFESSIONAL CENTRE  
#304 14127 23rd AVENUE NW  
EDMONTON, AB T6R 0G4

**P:** 780.990.9907

**W:** [www.towerendodontics.com](http://www.towerendodontics.com)

**F:** 780.990.9947

**E:** [reception@towerendodontics.com](mailto:reception@towerendodontics.com)

**Dr. Eric Dionne** DDS, CAGS, FRCD (C)

We specialize in microscopic endodontic treatment. Small field diagnostic imaging, including a CBCT, will be taken at the consultation appointment. A report will be sent to the referring dentist, after treatment is completed.

**ADDITIONAL INFORMATION** \_\_\_\_\_

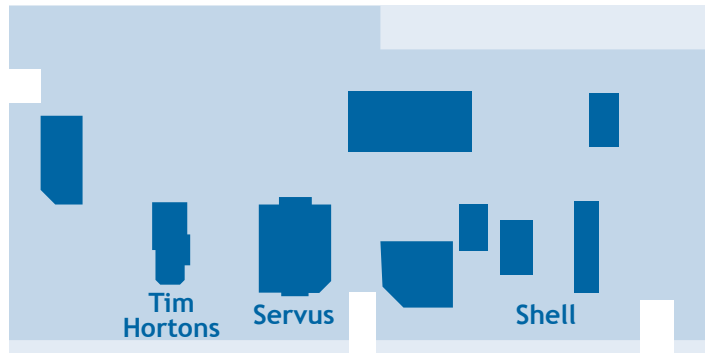
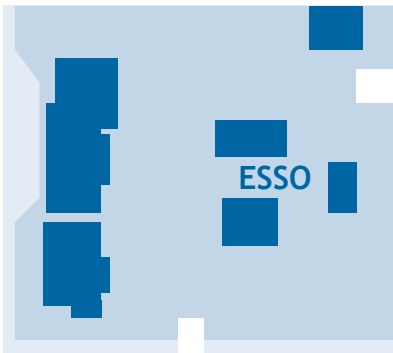
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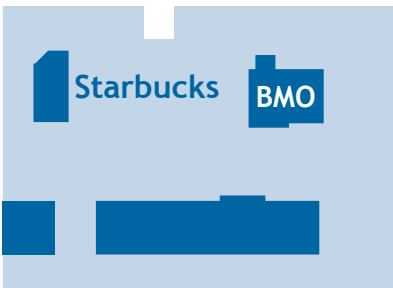
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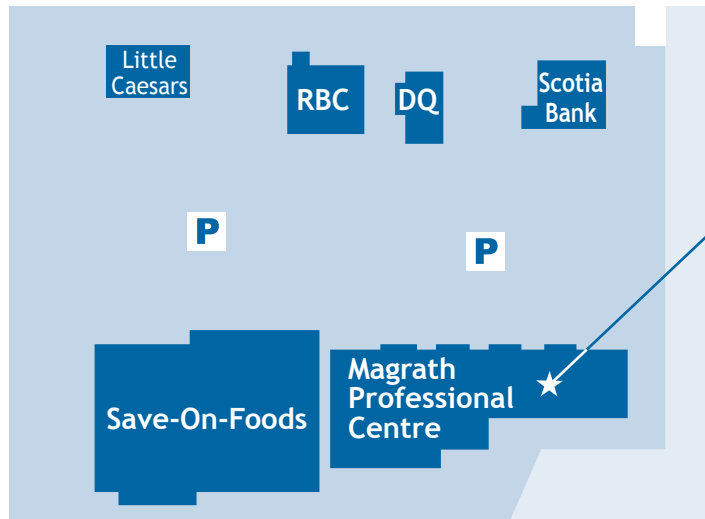
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## 23rd Avenue NW



Rabbit Hill Rd NW



We are located on the 3rd floor of the Magrath Professional Centre.

Free parking available

