



OREGON ENDODONTIC GROUP

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Practice Limited to Endodontics

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REFERRAL SLIP

Date _____

This will introduce my patient:

Patient's Phone Number: _____

Referred by Dr. _____

Tooth # (Area) _____

Endodontic Consultation _____

Consultation & Endodontic Treatment _____

Previous Root Canal Treatment _____

How long ago? _____

Restorative Plans _____

History/Comments/Special Instructions _____

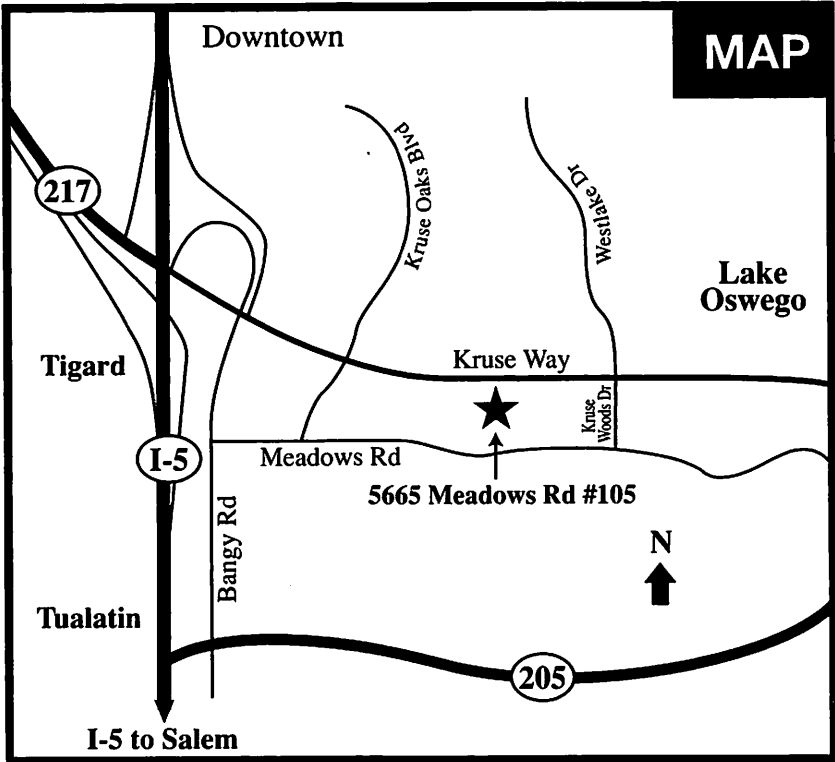
Special Patient Needs? _____

APPOINTMENT SCHEDULED FOR

Day _____ Date _____ Time _____

General Directions

- Take Kruse Way to Kruse Woods Drive.
- Take a right onto Meadows Road.
- We are located on the right hand side.



- You are encouraged to call us prior to your appointment if you have questions regarding procedures or fees.
- In the event you must change your appointment, at least 24 hours notice is appreciated.
- Minors need parental consent before treatment.