

AJAY GULATI, B.D.S., M.S., P.A.

Rockwall-Heath Endodontics  
3018 Ridge Rd., #100  
Rockwall, TX 75032  
469-698-8282  
469-402-2600 Fax

Endodontic Associates of East Texas  
3101 Joe Ramsey Blvd. East # 103B  
Greenville, TX 75401  
469-698-8282  
469-402-2600 Fax

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

FROM:

Dr. \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

This is to introduce \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please notify us if patient has not called by \_\_\_\_\_.

Tooth # \_\_\_\_\_

\*We accept digital radiographs at: [gulatiendo@yahoo.com](mailto:gulatiendo@yahoo.com)

Reason(s) for referral (*please check all that apply*):

- |  |   |
|--|---|
| <input type="checkbox"/> Consultation/Evaluation           | <input type="checkbox"/> Surgical Treatment |
| <input type="checkbox"/> Non-Surgical Root Canal Treatment | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Re-Treatment                      | _____                                       |
| <input type="checkbox"/> Cone Beam CT                      | _____                                       |

Current Restoration: None / Amalgam / Composite / FGC / PFM / Temp

- |                                 |  |   |
|---------------------------------|--|---|
| Following Endodontic Treatment: | <input type="checkbox"/> Place Temporary Restoration           | <input type="checkbox"/> Leave Post Space |
|                                 | <input type="checkbox"/> Place Permanent Restoration: Build Up | <input type="checkbox"/> Post & Core      |

Medical History Alert: \_\_\_\_\_

Antibiotic Pre-Med: \_\_\_\_\_ Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_