371 LAKE HAVASU AVENUE S
SUITE A
LAKE HAVASU CITY, AZ 86403

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# TYLERENDODONTICS

## Kenneth D Tyler, DDS MS PC

DATE OF REFERRAL: _____

Patient Name: _____

Phone Number: _____

Appointment: _____
day date time

Referred by Doctor: _____ Phone: _____

| 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 |

Referred For:

- ❑ Consultation
- ❑ Apicoectomy or Other Surgical Procedures
- ❑ Complete Root Canal Therapy
- ❑ RCT Retreatment
- ❑ Post Space Only
- ❑ Resin Build-Up

Radiographs Sent: ❑ with patient ❑ by mail/email ❑ please take

Special Instructions: _____

Top Copy - Patient

Bottom Copy - Referring Dentist Record