

Joe Luzzo, D.M.D.
2 Cambridge Lane
Newtown, PA 18940



Tel: 267-364-5074
Fax: 267-364-5261
office@buckscountyrct.com

Introducing Patient: _____

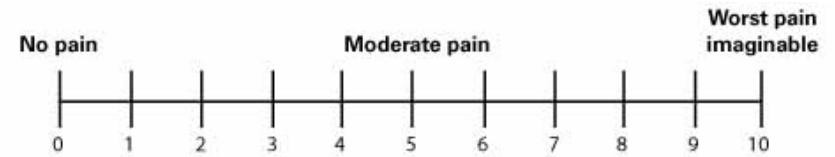
Date: _____

Referred by Dr. _____

Tooth Number: _____

The patient is being referred for the following:

- Consult and Treat Consultation Only



Please circle all that apply:

COLD SENSITIVE

PERIAPICAL RADIOLUCENCY

CRACK/TRAUMA

LEAVE POST SPACE

HOT SENSITIVE

FISTULA/SINUS TRACT

PULP
EXPOSURE

SPONTANEOUS PAIN

BITING/CHEWING
SENSITIVE

ENDODONTICS REQUIRED FOR
RESTORATION

VAGUE PAIN

CROWN/PROVISIONAL ON WITH
TEMP CEMENT

NOTES/COMMENTS:
