Pitt Dental Medicine

Pitt Dental Medicine
Residency Specialty Services
3501 Terrace Street
Pittsburgh, PA 15261-4024
412-648-2110

Please fax your completed form to the appropriate department

Endodontics	**412-383-9478**
Periodontics	**412-648-8594**
Orthodontics	**412-648-8817**

Resident Specialty Services Treatment Referral Form

(to be completed only by referring dentist)

Patient Name _____ Phone _____

Referring dentist information

Name of practice _____Phone _____

Name of referring dentist _____

Address _____

_____

Information relative to treatment

Area/tooth of concern _____

Recent/relative dental history pertaining to chief complaint _____

_____

_____

Additional comments or instructions on proposed dental treatment _____

_____

Signature of referring dentist _____Date _____

Please check treatment requested and identify plan for comprehensive care

ENDODONTICS

- ____ Address chief complaint & treat as necessary
- ____ Evaluate for endodontic retreatment
- ____ Evaluate for apical surgery
- ____ Elective endodontics
- ____ Prepare for post space
- ____ Other _____
  _____

- ____ All restorative and periodontal therapy will be addressed in the referring practice
- ____ Patient is to remain at Pitt Dental Medicine for all remaining dental care

PERIODONTICS

- ____ Address chief complaint & treat as necessary
- ____ Evaluate for periodontal treatment
- ____ Evaluate for implant therapy
- ____ Crown elongation
- ____ Soft tissue grafting
- ____ Impacted tooth exposure
- ____ Gingivectomy
- ____ Frenectomy/supracrestal fiberotomy
- ____ Other _____
  _____

- ____ All treatments other than periodontal therapy will be addressed in the referring practice
- ____ Patient is to remain at Pitt Dental Medicine for all remaining dental care

ORTHODONTICS

- ____ Evaluate for early/interceptive treatment
- ____ Evaluate for comprehensive treatment
- ____ Evaluate for pre-prosthetic treatment
- ____ Evaluate for orthodontics and surgical treatment
- ____ Other _____
  _____

- ____ All other dental care will be addressed in the referring practice
- ____ Patient is to remain at Pitt Dental Medicine for all remaining dental care