



**Pitt Dental Medicine Resident Services
Orthodontics and Endodontics**

3501 Terrace Street
Pittsburgh, PA 15261-4024
412-648-2110

Please return your completed form to the appropriate department listed below

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

Orthodontic and Endodontic Resident Services Treatment Referral Form

(to be completed only by referring dentist and sent directly by referring office)

Patient Information

Patient Name _____

Date of Birth _____ Phone _____

Referring Dentist

Name of referring dentist _____

Phone _____

Name of practice _____

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

Orthodontics

Evaluate for

- Early/interceptive treatment
- Comprehensive treatment
- Pre-prosthetic treatment
- 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

Endodontics

- Address chief complaint and 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 care