



**FOREST HILLS  
ENDODONTICS**

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\*please do not email protected health information or ID numbers unless encrypted

**Introducing** \_\_\_\_\_ **phone** \_\_\_\_\_

**Referring doctor** \_\_\_\_\_ **date** \_\_\_\_\_

**Dr. phone #** \_\_\_\_\_

APPOINTMENT TIME WITH ENDODONTIST:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<hr style="border: 0.5px solid black;"/>															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

(Please circle tooth for endodontic consideration)

- Consult and diagnosis only**
- Consult and treat as necessary**
- Root canal therapy (was root canal started? \_\_\_Yes \_\_\_ No )**
- Re-treatment of existing root canal**
- Surgical endodontics (apicoectomy)**
- Evaluation of resorption**
- Evaluation of possible/suspected crack**

**Significant health history** \_\_\_\_\_

**Any additional comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If already existing, is the crown restoration going to be replaced?**

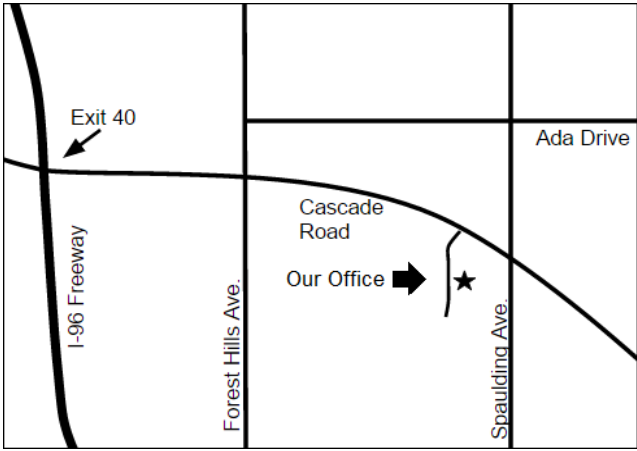
\_\_\_Yes      \_\_\_No      \_\_\_Only if necessary

**Close access with:** \_\_\_Temporary      \_\_\_Composite

**\*\*Instructions to patient:**

- When calling, please have your insurance information available (if applicable).
- Please bring this referral slip, any insurance cards, and current list of any medications you may be taking to your first appointment.

**(map of office location is on the back)**



**We are located in the Cascade Trails office park off the south side of Cascade Road, just west of Spaulding Avenue. We are set back from Cascade Road, the third building in.**