



**FOREST HILLS  
ENDODONTICS**

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

Introducing \_\_\_\_\_ (phone) \_\_\_\_\_

Referring doctor \_\_\_\_\_

Dr. phone # \_\_\_\_\_ Date \_\_\_\_\_

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

(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
- Prophylactic root canal treatment for restorative reasons
- Surgical endodontics (apicoectomy)
- Other \_\_\_\_\_

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

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

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

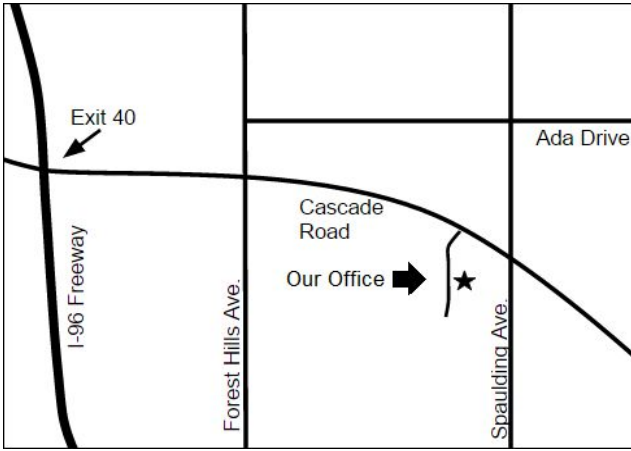
- Yes       No       If necessary

Restore 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 on back)**



**We are located in the Cascade Trails office park which is off of Cascade Rd. just west of Spaulding Avenue**