ENDODONTICS, PC

www.endodonticspc.com

Dr. Jeremy Michaelson
Dr. Ahmed Sarhan
Dr. Robert Wiesen
Dr. Daron Yarjanian
Dr. Michael Zuroff

Referral Date _____

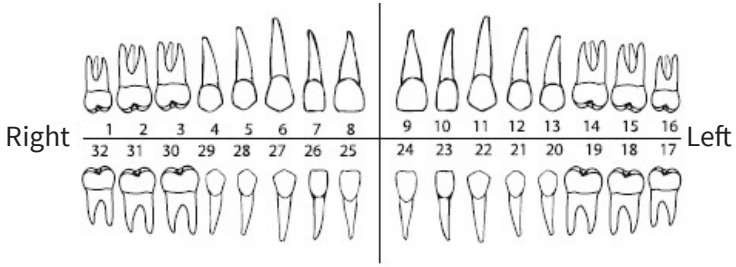
Introducing Patient _____

Appointment Date & Time _____

Location: ☐ Dearborn ☐ Canton ☐ Wyandotte ☐ Monroe

The patient is being referred for

☐ Consult & Treatment ☐ Consult ☐ 3D Imaging ☐ IV Sedation ☐ Implant



☐ Patient has/had pain or swelling
☐ Periapical radiolucency
☐ Pulp exposure
☐ Suspecting cracked/fractured tooth
☐ Root canal treatment initiated
☐ Retreatment
☐ RCT necessary for restoration
☐ Prepare post space
☐ Trauma date _____

Additional Comments _____

_____

Referring Doctor _____ Phone # _____

Bring this referral slip to your appointment. Do not take pain medications prior to your appointment.

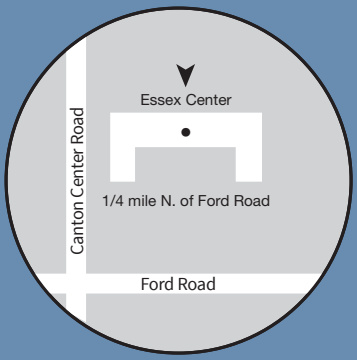
OFFICE MAPS

DEARBORN OFFICE

22731 Newman Street
Suite 125
Dearborn, MI 48124
P. 313.565.9118 • F. 313.565.2672

CANTON OFFICE

5958 N. Canton Center Rd
Essex Center, Suite 500
Canton, MI 48187
P. 734.981.8000 • F. 734.981.8007



WYANDOTTE OFFICE

2913 Fort Street
Wyandotte, MI 48192
P. 734.283.0707 • F. 734.283.7593

MONROE OFFICE

53 Cole Rd
Monroe, MI 48162
P. 734.241.2044 • F. 734.241.2849

SCAN ME