



MILLER
ENDODONTICS PA

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REFERRAL SLIP

Patient: _____

Appointment Time: _____ A.M.
P.M. Date: _____

Tooth #: _____ Referring Doctor: _____

Referred for:

- Evaluation only
- Perform RCT
- Perform Retreatment

Preferred Restoration:

- Temporary Filling
- Post space preparation & Temporary filling
- Permanent restoraton / Core buildup at time of RCT

Additional Information/History:

Referral slip must be brought to your appointment. Please contact our office prior to your appointment to discuss insurance and financial arrangements. We do require a 24 hour notice for any appointment cancellations.