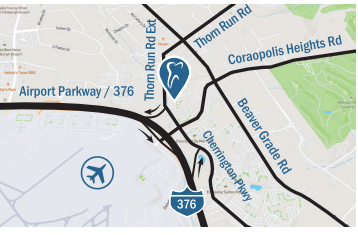
Three Rivers Endodontics

Adam Feuer, DMD
Sumei Sharma, DDS
Morgan Palya, DMD, MS
Richard Craven, DMD
Winnie Zhang, DMD
Raquel Braga, DMD
Manasa Madoori, DMD
Rajeev Mahajan, DMD
Salil Kawatra, DMD
Caroline Kearney, DMD

Welcome to Three Rivers Endodontics.

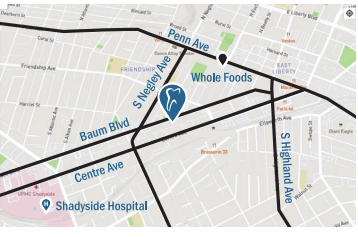
Thank you for choosing our practice; we are dedicated to providing our patients with the highest level of care.



Moon Township Office

One Thorn Run Center
1187 Thorn Run Rd. Ext., Ste. 204
Moon Township, PA 15108
Ⓣ 412.776.0001
Ⓕ 412.774.2702

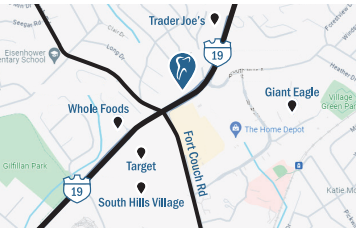
Free Parking reserved for patients is available near front entrance.



Shadyside Office

5770 Baum Blvd., Ste. 150
Pittsburgh, PA 15206
Ⓣ 412.776.0002
Ⓕ 412.774.2702

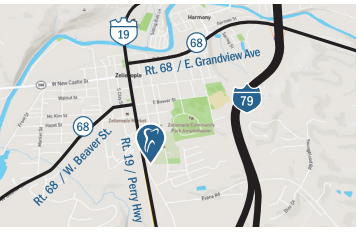
Free Parking is available onsite.



South Hills Office

Norman Centre
1720 Washington Rd., Ste. 202
Pittsburgh, PA 15241
Ⓣ 412.776.0004
Ⓕ 412.774.2702

Free Parking is available onsite.



Zelienople Office

508 S. Main Street, Ste. 101
Zelienople, PA 16063
Ⓣ 412.776.0003
Ⓕ 412.774.2702

Free Parking is available onsite.

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Shadyside Office
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South Hills Office
412.776.0004
Zelienople Office
412.776.0003

info@3riversendo.com
3riversendo.com
fax: 412.774.2702

Date of Referral _____ /_____ /_____

Patient name _____

Patient telephone (_____) _____ – _____

Referring dentist _____

Name of practice _____

Office telephone (_____) _____ – _____

Tooth Number or Area

RIGHT	1 2 3			4 5		6 7 8 9 10 11						12 13		14 15 16		LEFT
	molars			bicuspids		anteriors						bicuspids		molars		
	32 31 30			29 28		27 26 25 24 23 22						21 20		19 18 17		

Referral for:

- ◯ **Evaluation only**
- ◯ **Initial root canal treatment**
- ◯ **Retreatment of root canal**
- ◯ **RCT for restorative purposes**
- ◯ **Apical surgery**
- ◯ **Other:** _____

Restore with:

- ◯ **Prepare post space**
- ◯ **Temporary restoration**
- ◯ **Final restoration**
- ◯ **Post and core**

If tooth is non-restorable or fractured:

- ◯ **Return to my office**
- ◯ **Refer to:** _____

Other Comments

_____

_____

_____

◯ *Send more referral cards*

Please bring this form and any other documents from your dentist to your appointment.

June 2025