

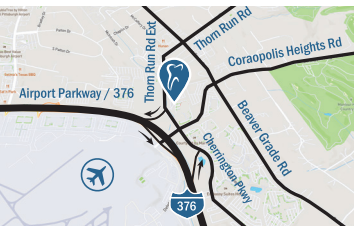


THREE RIVERS ENDODONTICS

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.

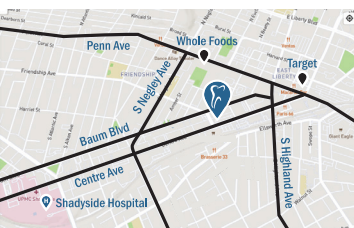
Thank you for choosing our practice; we are dedicated to providing our patients with the highest level of care.



Moon Township Office

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

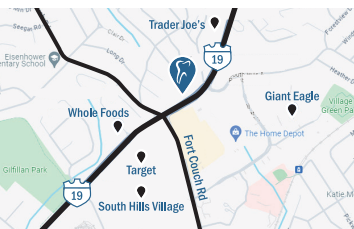
Free Parking reserved for patients is available near front entrance.



East Liberty Office

Eastside Shopping Center
5932 Centre Ave., Ste. 301
Pittsburgh, PA 15206
☎ 412.776.0002
☎ 412.774.2702

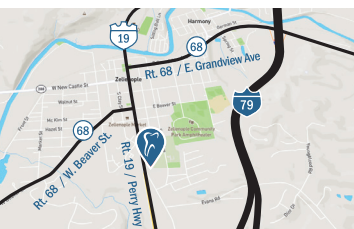
Free Parking is available onsite.



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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South Hills Office
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Zelenople 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			bicuspid		anterior					bicuspid		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.**