

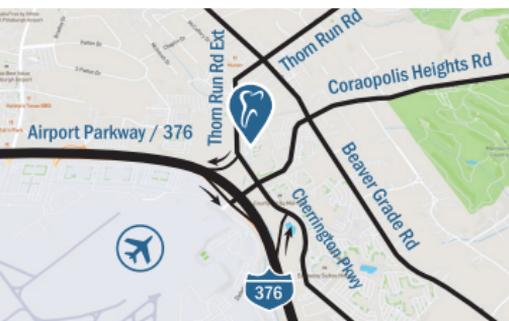


# THREE RIVERS ENDODONTICS

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  
Kaiying Haggard, DDS

## Welcome to Three Rivers Endodontics.

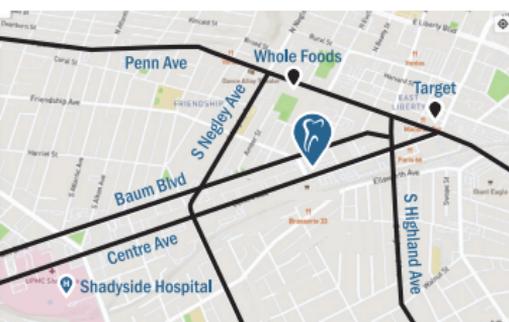
Thank you for choosing our practice; we are dedicated to providing our patients with the highest level of care.



### Moon Township Office

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

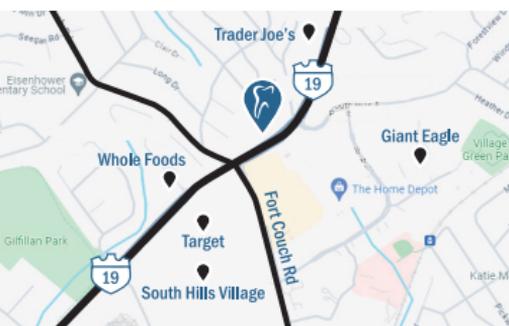
*Free Parking reserved for patients is available near front entrance.*



### East Liberty Office

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

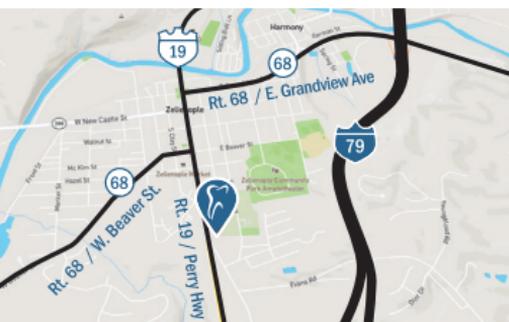
*Free Parking is available onsite.*



### 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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**Moon Township Office**  
 412.776.0001

**East Liberty Office**  
 412.776.0002

**Harmar Office**  
 412.752.0006

**South Hills Office**  
 412.776.0004

**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

<b>RIGHT</b>	1 2 3	4 5	6 7 8 9 10 11	12 13	14 15 16	<b>LEFT</b>
	molars	bicuspid	anteriors	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

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*Send more referral cards*

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