



**BLACK MYRTLE**  
**ENDODONTICS**

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4610 Oleander Drive Suite 201  
Myrtle Beach, SC 29577  
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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tooth for Evaluation/Treatment: \_\_\_\_\_

Pain

- Cold
- Hot
- Percussion
- Biting
- Spontaneous

Other \_\_\_\_\_

- Previously initiated
- Previously treated
- Pulp exposure

Findings

- Swelling
- Sinus tract
- Perio pocket
- Radiolucency
- Resorption

- Leave post space
- Place Core build up
- Place Post & Core

Comments: \_\_\_\_\_  
\_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referring Doctor Phone: \_\_\_\_\_

[blackmyrtleendo.com](http://blackmyrtleendo.com)

Patients: see reverse side for appointment information



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### What to Bring

- This referral form and xrays
- Photo ID e.g. drivers license
- Medication list
- Insurance card
- No jewelry around your neck or above
- Payment for services to be rendered that day

**Please note: Cancellation of appointment time less than 48 hours may incur a fee.**

### Hours

M 8:00 am - 4:00 pm  
T 8:00 am - 4:00 pm  
W 8:00 am - 4:00 pm  
Th 8:00 am - 4:00 pm  
F 8:00 am - 4:00 pm



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