



# Dr. Rebecca Tsai

## Board-Certified Endodontist

50 West Street Beverly, MA 01915

(617) 696-4800

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Patient Name \_\_\_\_\_ Patient Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Referring Doctor Phone Number \_\_\_\_\_

Appointment Status: Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ Or Patient Will Call to Schedule

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

### Reason for Referral

☐ Consultation: \_\_\_\_\_

☐ Root Canal Therapy: # \_\_\_\_\_

☐ Endodontic Retreatment: # \_\_\_\_\_

☐ Endodontic Surgery: # \_\_\_\_\_

### Restoration Considerations

☐ Post Space Requested? Y / N

☐ Sponge and Cavit Temp? Y / N

☐ Complete Core Buildup? Y / N

### Diagnostic Information

☐ Percussion? Y / N Thermal? Y / N

☐ Sinus Tract: # \_\_\_\_\_

☐ Endodontic Care to Facilitate Restorative Care?

**Please send recent radiographs.  
PAs & BWs, if possible.**

Exposure Date: \_\_\_\_\_

If Antibiotic started - Date & Regimen: \_\_\_\_\_

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

**Please have your General Dentist complete this form and  
email it to our office at frontdesk@beverlyfarmsdental.com.  
If you do not have a general dentist, please call our office.**

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