



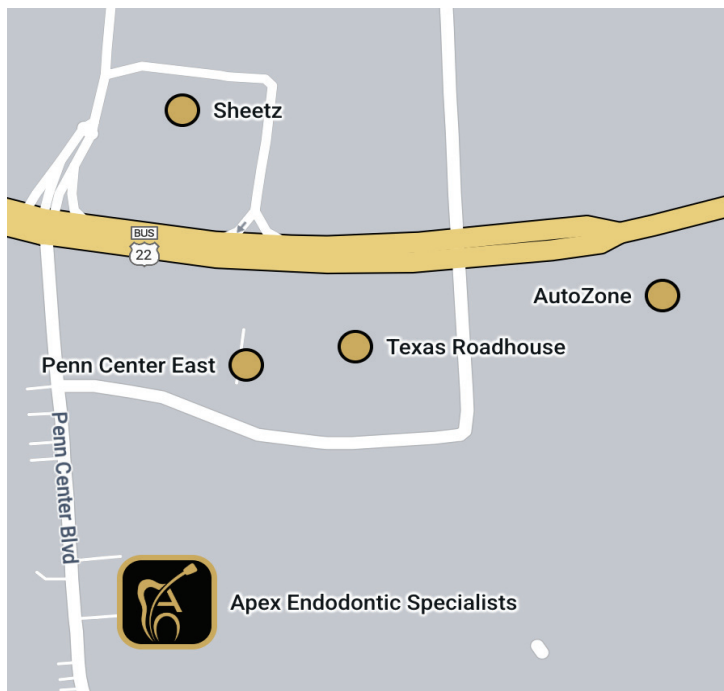
Benjamin A. Levine, DMD

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Pittsburgh, PA 15235

P: (412) 789-2739

F: (412) 314-8368



**Located in Penn Center East
Building 4 - First Floor**

Please bring this referral card to
your appointment.

Radiographs can be e-mailed to:
info@apexendopgh.com

www.apexendopgh.com



Benjamin A. Levine, DMD

Date of Referral: _____

Patient Name: _____

Phone Number: _____

Email: _____

Referring Doctor: _____

Office Phone Number: _____

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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

Referred for:

- | | |
|---|---|
| ☐ Evaluation Only | ☐ Restorative purposes |
| ☐ Root Canal Treatment | ☐ Apicoectomy |
| ☐ Retreatment | |

Restore with:

- ☐ Temporary Restoration
- ☐ Composite Restoration
- ☐ Prepare post-space

If tooth is non-restorable or fractured:

- ☐ Return to dental office
- ☐ Refer to oral surgeon

Additional Notes:

☐ Send more referral cards