ESSENTIAL ENDODONTICS
www.essentialendotx.com

# REFER TO:

Please select an Endodontist below.

- ❑ **Chris Yelton, D.D.S.**
- ❑ **Alvaro Rodriguez, D.D.S.**

3880 Hulen Street, Ste. 310
Forth Worth, TX 76107
O: 817.737.ROOT (7668)
F: 817.377.8950
fortworth@essentialendotx.com

- ❑ **Jae Ha Jung, D.D.S.**
- ❑ **Deborah Loth, D.D.S., M.S.**

1710 Highway 287 North Ste. 100
Mansfield, TX 76063
O: 817.313.3760
F: 682.400.8376
mansfield@essentialendotx.com

- ❑ **Jae Ha Jung, D.D.S.**
- ❑ **Basil Shaikhly, D.D.S.**

1901 FM 423 N. Ste. 200
Frisco, TX 75033
O: 214-609-1415
F: 214-609-1423
littleelm@essentialendotx.com

- ❑ **Jeffrey Saunders, D.D.S.**
- ❑ **Deborah Loth, D.D.S., M.S.**

5209 Heritage Ave. Ste. 400
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- ❑ **Alex Fitzhugh, D.D.S.**
- ❑ **Deborah Loth, D.D.S., M.S.**

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- ❑ **Basil Shaikhly, D.D.S.**

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- ❑ **Obadah Attar, B.D.S., DScD**
- ❑ **Deborah Loth, D.D.S., M.S.**

9601 N. Beach St. Ste. 109
Fort Worth, TX 76244
O: 817-741-3668
F: 817-741-3678
alliance@essentialendotx.com

Patient _____

Phone _____ Date _____

Referred by Dr. _____

Remarks _____

_____

❑ Please send more Referral Pads

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

## TO BE FILLED IN BY DENTIST

- ❑ Pulp was exposed
- ❑ X-ray revealed radiolucency
- ❑ Toothache
- ❑ Retreatment
- ❑ Evaluate only and call
- ❑ Evaluate and provide necessary treatment
- ❑ Antibiotic prescribed _____
- ❑ Analgesic prescribed _____
- ❑ Other _____
- ❑ Trauma (add detail below)
- ❑ Cracked tooth
- ❑ Place buildup
- ❑ Leave post space
- ❑ Place post and core
- ❑ Evaluate for implant/grafting

# Information For Patients

## Please bring to your appointment:

1. Information to complete a health history including physician information
2. Name and doses of all medications
3. Dental Insurance Information and state issued identification, and form of payment

## Please visit our website or call to:

1. Learn more about endodontic treatment
2. Discuss your visit or appointment length
3. Review Dental Insurance information and financial policies

## If you require antibiotic premedication:

Due to artificial joints or heart defects, please obtain the necessary prescription from your dentist and take as prescribed before your appointment.

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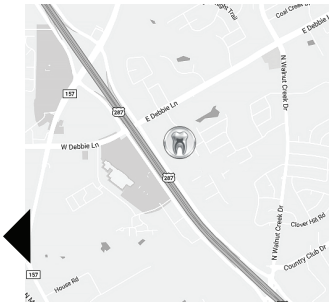


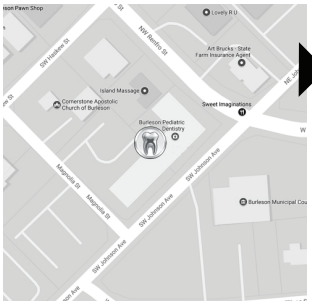


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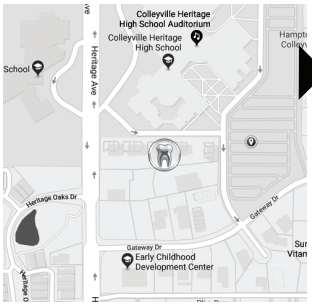


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**PLEASE DON'T HESITATE TO CALL 817.737.7668**
or visit our website **www.essentialendotx.com**
SHOULD YOU NEED FURTHER DIRECTIONS

We look forward to your visit. Se Habla espanol.