

ESSENTIAL



REFER TO:

Essential Endodontics

1200 W. Hwy 6, Ste. 1, Waco, TX 76712

O: 254.400.2637 • F: 254.400.2847

waco@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

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



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

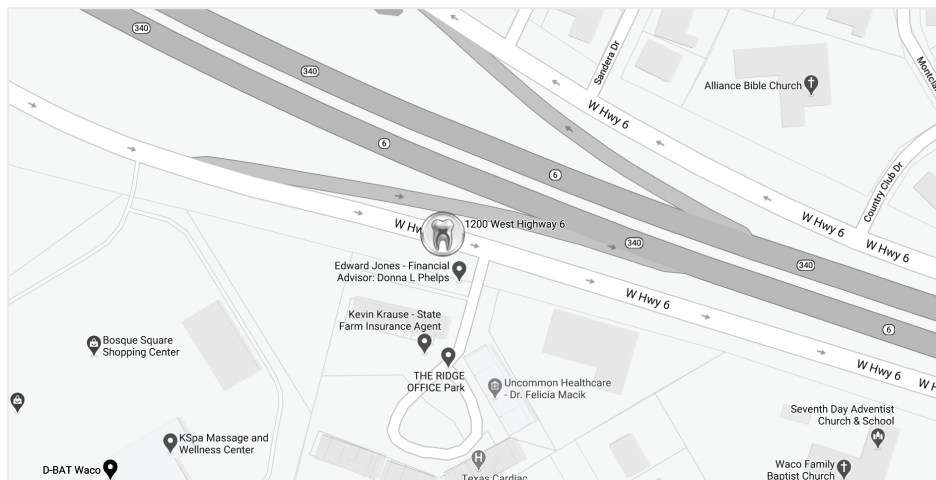
Please visit our website or call to:

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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PLEASE DON'T HESITATE TO CALL 254.400.2637
or visit our website **www.essentialendotx.com**
SHOULD YOU NEED FURTHER DIRECTIONS

We look forward to your visit. Se Habla espanol.