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312 E. Renfro Street, Suite 204, Burleson, TX 76028

Patient: _____ Phone: _____

Appointment date: _____ Referred by Dr. : _____

Please circle tooth/teeth for endodontic consideration

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 COMPLETED BY DENTIST

Treatment Requested:

- ☐ Evaluate and provide necessary treatment
- ☐ Evaluate ONLY
- ☐ Retreatment
- ☐ Apicoectomy/root surgery
- ☐ Endodontics for restorative reasons
- ☐ CBCT ONLY

Symptoms:

- ☐ Patient has pain, thermal sensitivity
- ☐ Swelling, sinus tract, abscess
- ☐ Possible cracked tooth or trauma
- ☐ Previously initiated or pulp exposure
- ☐ Radiograph shows radiolucency/pathology

Restorative Preference:

Build up

Post and core

Temporize

Leave post space

Rx given: _____ Patient request sedation (circle): Nitrous Conscious IV

Comments: _____

- ☐ Please provide additional referral pads



Additional Information

What to bring to your appointment?

- State issued photo ID, dental insurance card (if applicable), and form of payment
- This referral form
- Pre-filled patient paperwork or information needed to fill out health history
 - If unable to complete health history paperwork before appointment please arrive 15 minutes prior to appointment time.
- All current medications and doses
- *If pregnant or undergone any major medical procedure a physician release may be necessary
- *If you require prophylactic antibiotics due to artificial joint or heart defects, please obtain medication from your dentist or physician and take as prescribe prior to appointment

Please check our website or give us a call if you have any further questions concerning your appointment such as:

- What to expect during your appointment
- Insurance information and financial policies
- Detailed directions

We look forward to seeing you at your appointment!

