**HUMBOLDT ENDODONTICS**

 **David Cordero, D.M.D.**

**(Practice Limited to Endodontics)**

**2320 23rd Street**

**Eureka, CA 95501**

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**REFERRAL FOR ENDODONTIC TREATMENT**

 **Introducing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Insurance Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17**

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|  **TREATMENT REQUIRED:****Consultation and Diagnosis**  **Endodontic Treatment/Retreatment** **Endodontic Microsurgery** **Internal Bleaching** **Apexification/Vital Pulp Therapy****RESTORATIVE PREFERENCE:****Cavit Post Space Build-up** **Remarks:**  |    | **REASON FOR REFERRAL:****Decay** **Pain or Swelling** **Sinus Tract Present** **Trauma** **Resorption** **Periapical Radiolucency****Suspected Fracture**   |

**Patient’s Appt: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Referring Dentist: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-**Patient will return to the office with a core build-up completed unless otherwise indicated.

  **(Please include Periapical Radiograph with referral.)**