

HUMBOLDT ENDODONTICS
David Cordero, D.M.D., Board Certified
Robert Chacon, D.D.S., Board Eligible
(Practice Limited to Endodontics)
2320 23rd Street, Eureka, CA 95501

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REFERRAL FOR ENDODONTIC TREATMENT

Introducing: _____ Referral Date: _____
Patient's Email: _____
Date of Birth: _____ Phone Number: _____
Insurance Information: _____

TREATMENT REQUIRED:

- Consultation and Diagnosis
- Endodontic Treatment/Retro-treatment
- Endodontic Microsurgery
- Internal Bleaching
- Apexification/Vital Pulp Therapy

REASON FOR REFERRAL:

- Decay
- Pain or Swelling
- Sinus Tract Present
- Trauma
- Resorption
- Periapical Radiolucency
- Suspected Fracture

RESTORATIVE PREFERENCE:

- Cavit
- Post Space
- Build-up

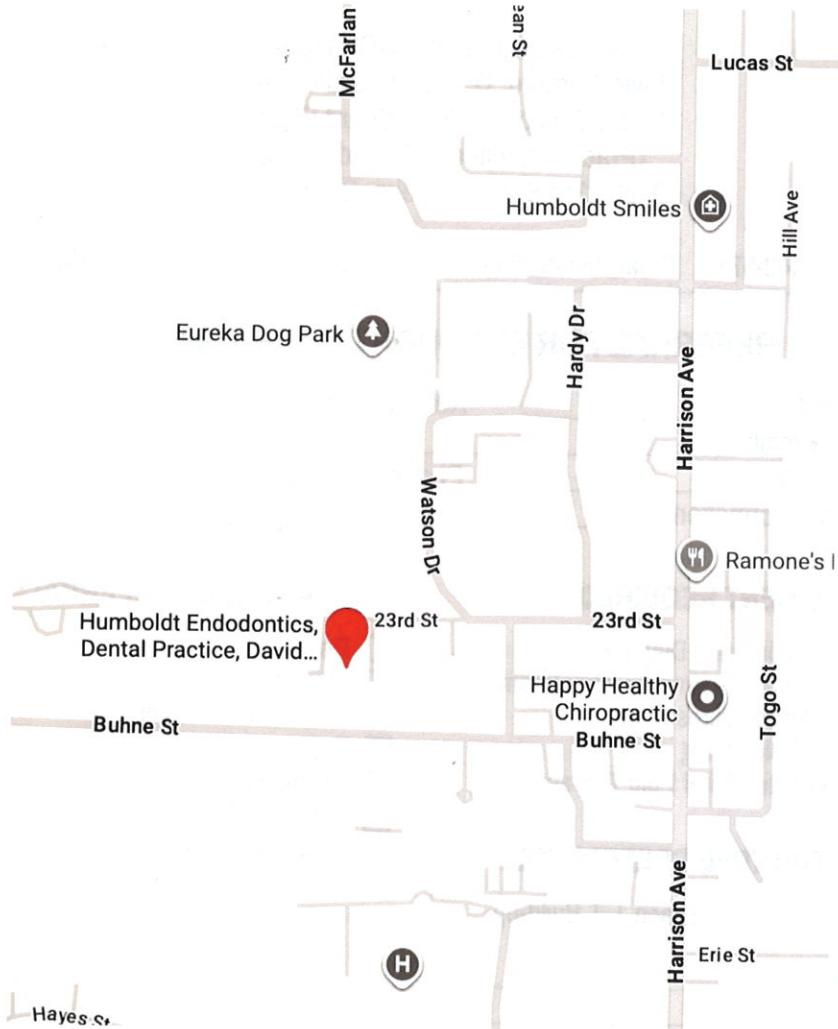
Remarks: _____

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

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.)



From North of Eureka:

- Turn left on V St. (adjacent to Red Lion).
- Turn left on Myrtle.
- Turn right on Harrison.
- Turn right on 23rd St.
- Go to the end of the street.

From South of Eureka:

- Take Harris St. exit.
- Turn left at traffic signal on Harrison.
- Turn left on 23rd.
- Go to the end of the street.