

HUMBOLDT ENDODONTICS  
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Robert Chacon, D.D.S., Board Eligible  
(Practice Limited to Endodontics)  
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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/Retreatment
- ☐ 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

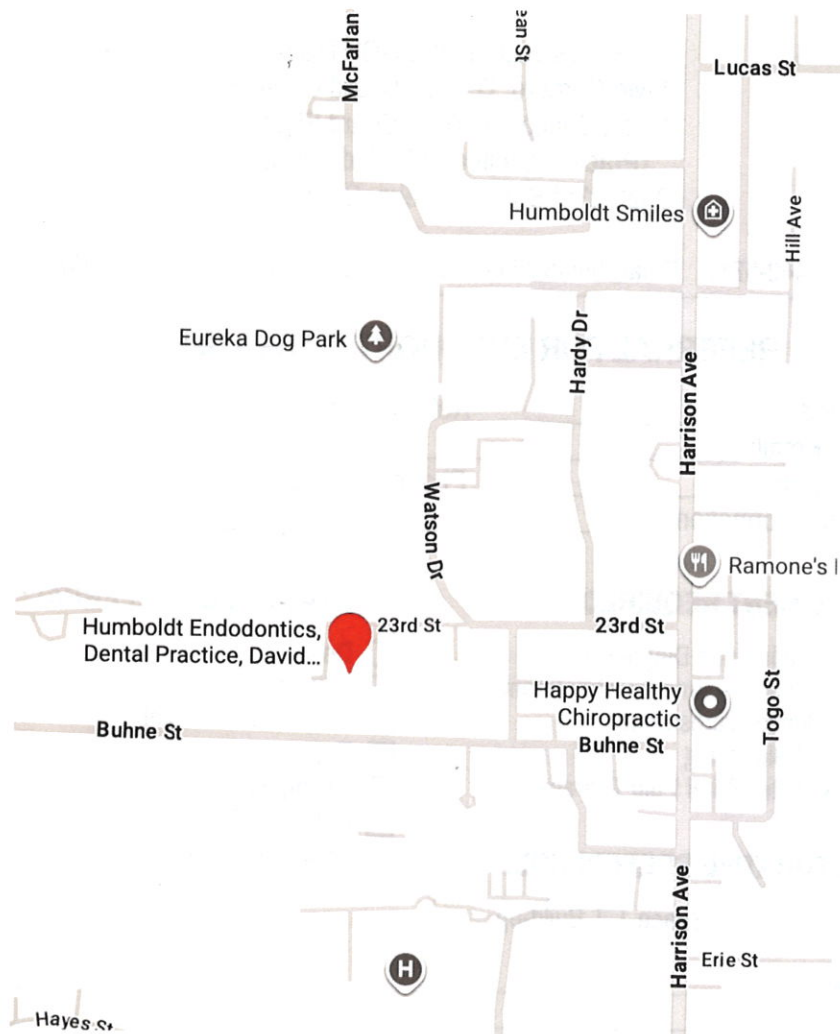
Remarks: \_\_\_\_\_

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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.