



DENTISTS

A root canal practice accepting Medicaid/CHIP/Most PPO Insurance

2924 W. Northwest Highway • Dallas, TX 75220
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REFERRAL FORM

Please **FAX THIS FORM TO 214-352-7670** THEN GIVE THIS COPY TO **PATIENT TO BRING TO APPOINTMENT**

*Patients need to **call 214-352-ROOT (7668)** to schedule their appointment

Today's Date: _____	Referring Office: _____
Patient Name: _____	Treating Dr.: _____
PPO ID#: _____	Office Address: _____
Medicaid Prov: Traditional / DentaQuest / MCNA	_____
Medicaid or CHIP #: _____	Office Email: _____
Date of Birth: _____	Office Phone #: _____
Parent/Guardian: _____	Office Fax #: _____
Contact Phone: _____	_____

Patient needs RCT on tooth # _____ **PREVIOUS RCT? Yes / No**

Would you prefer us to place build up after RCT? Yes / No

Patient current pain level: 0 1 2 3 4 5 6 7 8 9 10 Medical Alert: _____
No pain Severe pain

Open Apex? Yes / No Current Medication: _____

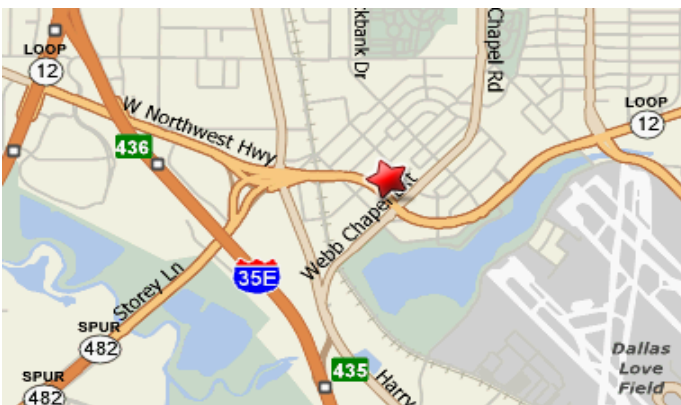
History of Trauma? Yes / No Medication prescribed by referring doctor:

Tooth is Restorable? Yes / No _____

Behavior management required: F1 F2 F3 F4

Additional comments: _____

***** Appointment policy: 48 Hour notice required for cancellation or rescheduling. Failure to do so will result in loss of privilege for future appointments *****



We're located on the southwest corner of **Northwest Hwy** and **Webb Chapel Ext.** next to Chicken-N-Rice.