



DENTISTS

A root canal practice accepting Medicaid/CHIP/Most PPO Insurance
2924 W. Northwest Highway • Dallas, TX 75220
P: 214.352.ROOT (7668) • F: 214.352.7670
www.RootCanalDentistsDallas.com
Email: rcd@happy2th.net

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

**Please send x-rays to
rcd@happy2th.net**

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: _____

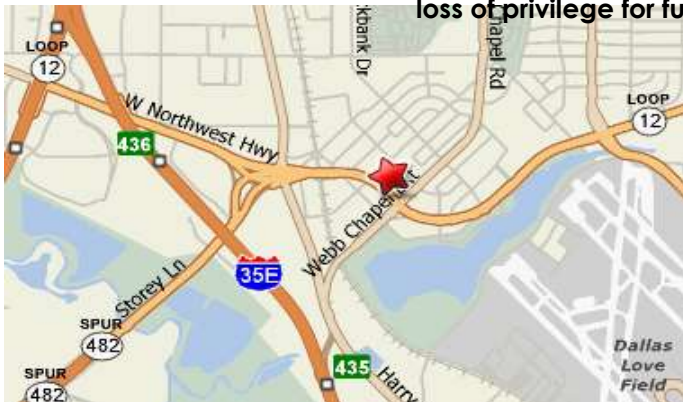
History of Trauma? Yes / No Medication prescribed by referring doctor:

****Is tooth restorable? Yes / No**
****Answer is required prior to scheduling**

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.