



SANTA CLARITA ENDODONTIX

Practice Limited to Endodontics

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www.santaclaritaendodontix.com

PATIENT INFORMATION

Date: _____

Name: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Email: _____

REFERRING DOCTOR INFORMATION

Referred By: _____

Telephone: _____

Email: _____

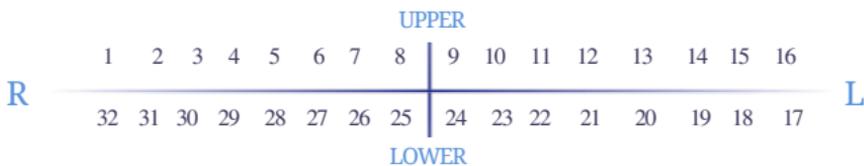
REFERRED FOR THE FOLLOWING

- | | | |
|--|---|---|
| <input type="checkbox"/> Consultation & Diagnosis Only | <input type="checkbox"/> Leave Post Space | <input type="checkbox"/> Remove Post |
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Apicoectomy / Retrograde | <input type="checkbox"/> Post & Build-Up |
| <input type="checkbox"/> Re - Treatment | <input type="checkbox"/> Pulp Exposure | <input type="checkbox"/> Cone Beam X-rays |

OTHER INFORMATION

- Please send additional referral cards
- Please call patient to arrange appointment
- Patient will call you to arrange appointment
- Crown / Bridge is Cemented Temporarily Permanent

PLEASE MARK THE TEETH OR AREA TO BE TREATED

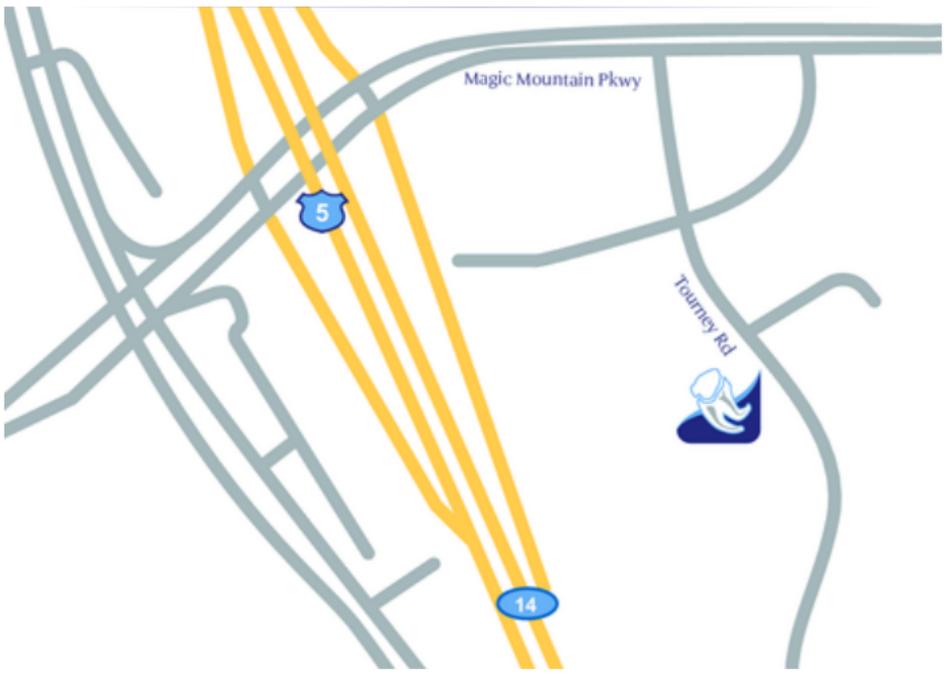


RADIOGRAPHS

- Being Mailed Given to patient Please Take No X-Ray

REMARKS OR SPECIAL INSTRUCTIONS

LOCATION



PLEASE BRING THIS REFERRAL CARD TO YOUR APPOINTMENT

INSTRUCTIONS FOR REFERRING PATIENTS ONLINE

(For Doctors Only)

If you prefer to use secure online patient referral form please visit our website and follow these simple steps:

1. Go to www.santaclaritaendodontix.com
2. From the main menu at the top of the screen, roll over the "REFERRING DRS" tab.
3. From the drop down menu, choose "REFERRAL FORM".
4. Click the "ONLINE REFERRAL FORM" button on this screen.
5. Fill out the form using the tab key to move from field to field.
6. When you complete the form, click the "SUBMIT FORM" button at the bottom of the screen.
7. Once you have submitted the form, you will have the option to upload and attach X-rays to it.

Save this referral slip to be distributed to the patient for directions and contact information



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We appreciate your confidence in our practice.