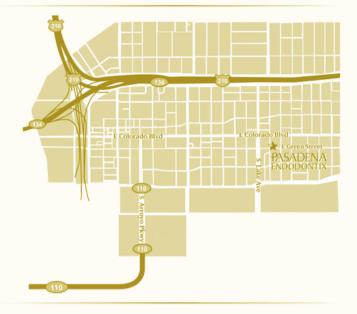


960 EAST GREEN ST., STE. 111 PASADENA, CA 91106

T: 626-304-3636 F: 626-304-3634 E. info@pasadenaendodontix.com www.pasadenaendodontix.com

PATIENT INFORMATION
Date:
Name:
Primary Phone:
Email:
REFERRING DOCTOR INFORMATION
Referred By:
Telephone:
Email:
REFERRED FOR THE FOLLOWING
Consultation & Diagnosis Only Leave Post Space Remove Post Root Canal Treatment Apicoectomy / Retrograde Post & Build-Up Re - Treatment Pulp Exposure 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
UPPER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
R 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LOWER
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.pasadenaendodontix.com
- 2. From the main menu at the top of the screen, roll over the "REFERRING DRS" tab.
- From the drop down menu, choose "REFERRAL FORM".
- Click the "ONLINE REFERRAL FORM" button on this screen.
- 5. Fill out the form using the tab key to move from field to field.
- When you complete the form, click the "SUBMIT FORM" button at the bottom of the screen.
- Once you have submitted the form, you will have the option to upload and attach Xrays 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.