**HUMBOLDT ENDODONTICS**

**David Cordero, D.M.D.**

**(Practice Limited to Endodontics)**

**2320 23rd Street**

**Eureka, CA 95501**

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**REFERRAL FOR ENDODONTIC TREATMENT**

**Introducing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**R--------------------------------------------------------------------------------------------------L**

**32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17**

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| **TREATMENT REQUIRED:**  **Consultation and Diagnosis**  **Endodontic Treatment/Retreatment**  **Endodontic Microsurgery**  **Internal Bleaching**  **Apexification/Vital Pulp Therapy**  **RESTORATIVE PREFERENCE:**  **Cavit Post Space Build-up**  **Remarks:** |  | **REASON FOR REFERRAL:**  **Decay**  **Pain or Swelling**  **Sinus Tract Present**  **Trauma**  **Resorption**  **Periapical Radiolucency**  **Suspected Fracture** |

**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.)**