WesternU Health
Pomona

WesternU Health The Dental Center
795 E Second St, Suite 8
Pomona, CA 91766-2007
T: 909.706.3910 F: 909.469.8650

Endodontic Referral

Please complete this form and fax it to 909.469.8650. Please contact The Dental Center for an appointment at 909.706.3910. We must have this form BEFORE we can schedule an appointment. The cost of the initial appointment ranges from $127 to $167.

PATIENT INFORMATION

Patient's Name *(Please print)*

Patient Date of Birth

Patient Primary Telephone/Mobile Number

Other Telephone/Mobile Number

REFERRING DOCTOR

Doctor's Name *(Please print)*

Practice Name

Address

City State Zip

Telephone Fax

Email

RELEVANT CLINICAL INFORMATION

Indicate Tooth Number/Area: _____

Indicate treatment that is requested (Check ALL that apply)

- ☐ Consultation Only
- ☐ Endodontic Treatment
- ☐ Surgical Endodontic Treatment
- ☐ Endodontic Re-Treatment
- ☐ Determine Restorability
- ☐ Leave Post Space
- ☐ Build-up (Post, if necessary)
- ☐ Crown
- ☐ Other/Additional Comments:

RADIOGRAPHS

Please attach any pertinent radiographs below. Please be advised that additional radiographs may be made at The Dental Center as needed.

DOCTOR SIGNATURE, DATE AND FAX REQUIRED

Dr. _____

Date: _____

Fax: _____