THE COLLEGE OF Dental Medicine
The discipline of learning. The art of caring.

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Pomona, CA 91766-2007
Tel: (909) 706-3910 • Fax: (909) 469-8650

The Dental Center at Western University
Referral Form for Endodontic Treatment

Please complete the form and fax it to: (909)469-8650.. The first appointment cost for most patients is between $46.00 and $157.00. Please have your patient contact The Dental Center at (909)706-3910 once this form has been sent.

Today's Date:_____

Patient Name:_____

Patient Primary Telephone:_____ **Other phone number:**_____

Patient Date of Birth:_____

Tooth number/Area :_____

Indicate treatment that is requested (check ***all*** that apply)

☐ Consultation Only ☐ Endodontic Treatment ☐ Endododtnic re-treatment

☐ Build-up (post if necessary) ☐ Leave Post Space ☐ Surgical endodontic tx.

☐ Crown

☐ Other/addl. comments: (please comment):_____

_____

Referring Dentist Information (please fill out completely):

Signature of referring dentist:_____

Name:_____

Address:_____

Phone:_____ Fax:_____