WICHITA FALLS ENDODONTICS

Ben Baker, D.D.S., M.S.
1804 Brook Avenue
Wichita Falls, TX 76301
Phone: 940-247-0286
Fax: 940-228-4148
info@WichitaFallsEndo.com
www.WichitaFallsEndo.com

REFERRAL FORM

PATIENT INFORMATION		INSURANCE INFORMATION
Date:		Insurance Company:
Patient		Subscriber
Phone:		Subscriber DOB
Office		Patient DOB
REFERRING DOCTOR		
Referred		ID#
Phone:		Group #
Email:		Amount used to date

PLEASE MARK THE FOLLOWING TREATMENT

☐ Root Canal	☐ Leave Post Space
☐ Retreatment	☐ Place Post and Core
☐ Place Composite Core	☐ Please call patient to arrange appointment
☐ Consultation & Diagnosis	☐ Patient will call you to arrange appointment
☐ Apicoectomy / Retrograde	☐ Send more appointment cards
☐ Pulpal Exposure	☐ Please call me

PLEASE MARK TEETH OR AREA TO BE EVAULATED

UPPER

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

RIGHT LEFT

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

LOWER

DOCTORS - To ensure a smooth patient transition, please have your front desk staff call to schedule the patient's appointment, fax the referral form to 940-228-4148 or email this referral form to info@WichitaFallsEndo.com