



Iowa Endodontics, P.C.
Dr. Kerolos Elsayed, DMD, MSD

2525 N. Ankeny Blvd, Ste 105
Ankeny, IA 50023
Practice Limited to Endodontics

Phone: 515-965-4456
Fax: 515-965-8003
www.iowaendodontics.com

REFERRAL

DATE: _____ **Referring Doctor:** _____

Patient: _____ **DOB:** _____

Referred for the following:

- Consultation & Diagnoses
- Initial Endodontic Treatment
- Re-treatment
- Emergency
- Apicoectomy
- Other, please specify _____

Please mark teeth to be treated:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Restoration:

- Permanent Restoration
- Temporary
- Post-Space

Dental History:

- History of Cracks
- If permanent crown present, date cemented
- Premed required

Comments: _____

Appt. Date _____ Check-In Time _____

PATIENT INFORMATION

- What to Bring:** This Referral Slip Medication List Dental Insurance Information Patient to call to schedule 515-965-4456

Financial Policy: We require payment on the day of your treatment. If you have dental insurance, we will estimate your portion and that will be your required payment on the day of treatment. We will then file your claim as a courtesy. You will receive a statement in the mail if there is a balance left after we have received a response from your insurance carrier. We accept Visa, Mastercard, and Care Credit. Sorry, no personal checks please.

