The Dental Center at Western University of Health Sciences

795 E. Second Street, Suite 8
Pomona, CA 91766-2007
Tel: (909) 706-3910 • Fax: (909) 469-8650

Western University Dental Center Referral Form
Endodontic Treatment

Please complete the form and fax it to: (909)469-8650. The Dental Center will contact your patient for an appointment. The first appointment cost for most patients is between $46.00 and $157.00.

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 ☐ Endodotnic 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:____

Revised August 2015