

PATIENT REFERRAL

Patient Name:	
Patient Phone:	
Referring Dr.:	
Appointment Date:	Time:
TOOTH # OR AREA SUSPECTED:	
HAS THE TOOTH HAD PREVIOUS ENDODONTIC TREATMENT?	
□ No	☐ Yes - started but not filled
☐ Yes - root canals filled	☐ Yes - Apical surgery
TREATMENT REQUESTED: ☐ Root Canal Therapy/RETX with temporary restoration ☐ Root Canal Therapy/RETX with permanent restoration ☐ Root Canal Therapy/RETX with new core buildup ☐ Endodontic Microsurgery ADDITIONAL TIME REQUIRED DUE TO:	
	le 🖵 Calcification
COMMENTS/SPECIAL INSTRUCTIONS:	
☐ Leave post space ☐ Place post	
☐ Be sure patient brings list of medications being used to appointment	
☐ Please send more referral forms	

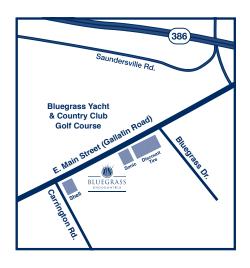
557 E. Main Street Hendersonville,TN 37075

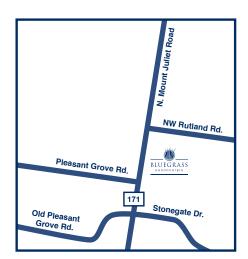
Ph: 615-824-7546 Fax: 615-824-7547

DIRECTIONS:

Our Hendersonville office is located on East Main Street (also called Gallatin Road or 31E) between Carrington Road and Bluegrass Drive across the street from the Bluegrass Yacht & Country Club just off Vietnam Veterans Boulevard. If you need any additional information, please contact us at

615-824-7546.





541 N. Mount Juliet Road, Suite 2302 Mt. Juliet, TN 37122

Ph: 615-553-4319 **Fax:** 615-553-4630

DIRECTIONS:

Our Mt. Juliet office is located on the **third floor**. If coming from Providence area, the building will be located on the right. If you need any additional information, please contact us at **615-553-4319**.

Christopher E. Sandlin, DDS, MS Richard J. Horwat, DMD Austin S. VanDusen, DDS Yvonne C. Tomlinson, DMD

Practice Limited to Endodontics



www.blue grassendo.com