



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:

- Post Removal
- Fractured File
- 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



BLUEGRASS ENDODONTICS

www.bluegrassendo.com