Referral Request:
- Consult only
- Consult & treat as necessary
- Treat irreversible/necrotic pulp
- RCT started for pain control, treat
- Retreatment or surgery
- Post space only
- Other_____________________

Existing Restoration:
- Natural tooth
- Permanent Crown
- Perm Crown, temp cement, please remove
- Temporary
- Permanent Crown will be replaced

Requested Coronal Endo:
- None
- Temporary
- Bonded Resin
- Other_____________________

Today's Date:_______________________
Referring Doctor:_____________________
Patient Name:_______________________
Phone:_____________________________
Email:_____________________________
Special Considerations:________________________
__________________________________________
__________________________________________
__________________________________________

__________________________________________
Doctor's Signature

Schedule your appointment via email to: office@phoenixendodontist.com
PHOENIX 85013

Address:
6520 N. 7th Ave., Suite 7
Cross Streets:
Northwest corner of Maryland & 7th Ave.
Scheduling:
T (602) 242-4745  | F (602) 246-4778
E office@phoenixendodontist.com
Hours:
Monday - Friday, 7am - 5pm

PARADISE VALLEY 85253

Address:
10555 N. Tatum Blvd., Suite A-102
Cross Streets:
Southeast corner of Tatum & Shea Blvd.
Scheduling:
T (602) 242-4745  | F (602) 246-4778
E office@phoenixendodontist.com
Hours:
Monday - Friday, 7am - 5pm

ENDODONTISTS

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Diplomate, American Board of Endodontics

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