



# ENDODONTIC CARE

Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Referred By: \_\_\_\_\_

Tooth / Teeth #: \_\_\_\_\_ Date: \_\_\_\_\_

**Fast Track** OR  **Consultation**  
(Direct to Treatment)

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Space:  Yes  No



**Entrance and parking is at the  
side of the building**

Ted Damas DDS | Andrei Ionescu DMD  
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The following appointment has been reserved for you:

Date: \_\_\_\_\_

Time: \_\_\_\_\_ am pm

Please bring the following items with you to your appointment:

- 1) any x-rays given to you by your dentist
- 2) any insurance cards / forms that will allow us to help you process any claims
- 3) a list of any medications you are currently taking
- 4) patients under the age of 18 must be accompanied by a parent or guardian
- 5) **provide reception with this referral form upon arrival**