



Oakridge Endodontics

Certified Specialist In Endodontics

221 - 650 W. 41 Ave., S. Tower Oakridge Centre, Vancouver, BC V5Z 2M9
Ph: 604-266-1437 • Fax: 604-266-6947 • info@oakridgeendo.com

Dr. Rene Chu DMD MSc FRCD(C)

REFERRING DOCTOR

Dr. _____ Ph. _____ Date _____

WE ARE REFERRING

Patient _____ Phone _____

Email _____ Cell _____

Appt. Date _____ Time _____

REASON FOR REFERRING

Tooth Status	R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	L
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

Patient Has Pain/Swelling/Discomfort Endo Has Been Initiated

Previous Endodontic Therapy Radiolucency Present

Treatment Requested

Non-Surgical Endodontics

Surgical

Regenerative Endodontics

Evaluation Only

Cone Beam CT Scan Only

Close Access With

Temp Restoration

Composite

Amalgam

Leave Post Space

Please send more referrals slips Insurance Information & Map - Over

Please scan and email, or fax to us, and retain for your records

Please give this section to your patient

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Patient _____ Tooth # _____

Appointment Date _____ Appointment Time _____

Welcome... Your doctor has referred you to us, and we look forward to meeting you! As Certified Specialists in Endodontics, we have additional education and training in root canal therapy and other procedures involving the tooth pulp and root structures. We are trained to treat cases, including complicated and traumatic injuries, and can usually save teeth which might otherwise be lost.

Payment in full is expected after your visit. We accept Cash, Cheques & Debit/Credit cards. We are also able to complete any insurance forms required when treatment has been completed.

Dr. Rene Chu DMD MSc FRCD(C)

COMMENTS

DENTAL INSURANCE INFORMATION

Policy Holder's Name _____ Birth Date _____
Employer _____
Insurance Co _____
Group Plan # _____ Certificate # _____ Dep. # _____
Relationship to Policy Holder _____

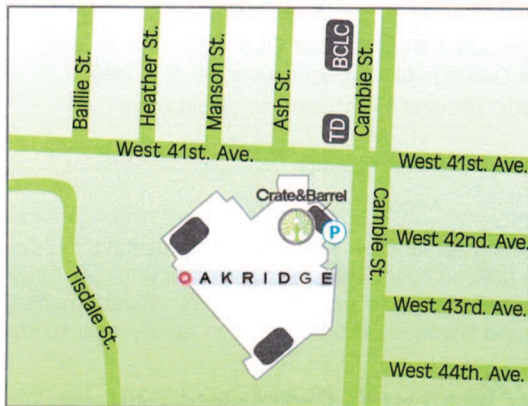
Secondary Insurance Plan

Policy Holder's Name _____ Birth Date _____
Employer _____
Insurance Co _____
Group Plan # _____ Certificate # _____ Dep. # _____
Relationship to Policy Holder _____

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Please give the section below to your patient

DIRECTIONS



**Oakridge
Endodontics**

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Please enter the parkade at Cambie/42nd and park on P4 (for Level 2 Medical Dental)