



Oakridge Endodontics

Certified Specialists 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. Jason Conn Inc.
BSc, DMD, CAGS, FRCD(C)

Dr. Eleni Irinakis
DDS, MSc, Dip.Endo, 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

Close Access With

Surgical

Temp Restoration

Regenerative Endodontics

Composite

Evaluation Only

Amalgam

Cone Beam CT Scan Only

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.

COMMENTS

DENTAL INSURANCE INFORMTION

Policy Holder's Name _____ Birth Date _____

Employer _____

Insurance Co _____

Group Plan # _____ Certificate # _____ Dep. # _____

Relationship to Policy Holder _____

Secondary Insurnce Plan

Policy Holder's Name _____ Birth Date _____

Employer _____

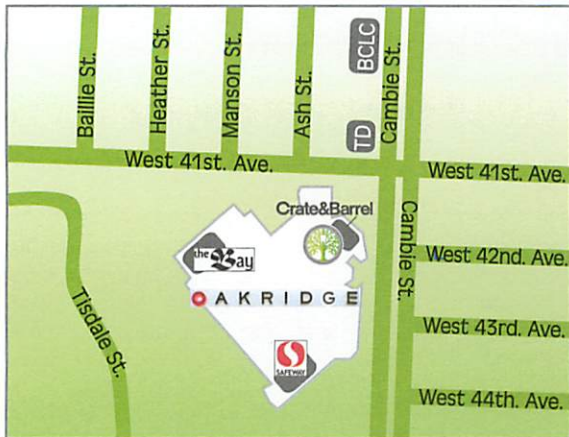
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DIRECTIONS



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