TEXAS ENDODONTIC CENTER

Dr. Andrew Xu, DDS, MS
Dr. Kavita Doddamane DMD,MS
Board Certified Endodontists

Patient Referral Form

Date: ____________________ Insurance: ____________________

Patient Name: ____________________ Policy Holder: ____________________

DOB: ____________________ Group #: ____________________

Phone Number: ____________________ ID #: ____________________

Referring Doctor/Office: ____________________ Referring Office Email: ____________________

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Right Quad **Left Quad**

Reason for Endodontic Referral

- ☐ Toothache/ Pain/Swelling
- ☐ Pulp Exposure/Previous Pulpotomy/RCT
- ☐ Endodontic Necessary for Proper Restoration
- ☐ Periapical Pathosis
- ☐ CBCT - 3D Scan

After Endodontic Referral

- ☐ Cavit/IRM/Temp Filling
- ☐ Prepare Post Space
- ☐ Core Build-up/Composite
- ☐ Cement Post and Core Build Up

We see emergency patients!

Thanks again for entrusting us with your referrals!

Allen:
107 Suncreek Dr, Ste 120 Allen, TX 75013
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