

**Allen Location**  
 107 Sun creek Dr. Ste 120  
 Allen, TX 75013  
 (P) 972.330.5878  
 (F) 972.370.3556  
 infoallen@txendocenter.com

**Wylie Location**  
 600 Cooper Dr. Ste 140  
 Wylie, TX 75098  
 (P) 972.818.5090  
 (F) 469.754.0455  
 infowylie@txendocenter.com

## Patient Referral Form

**Dr. Andrew Xu DDS, MS**  
 Board Certified Endodontist

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

Insurance: \_\_\_\_\_

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

Policy Holder: \_\_\_\_\_

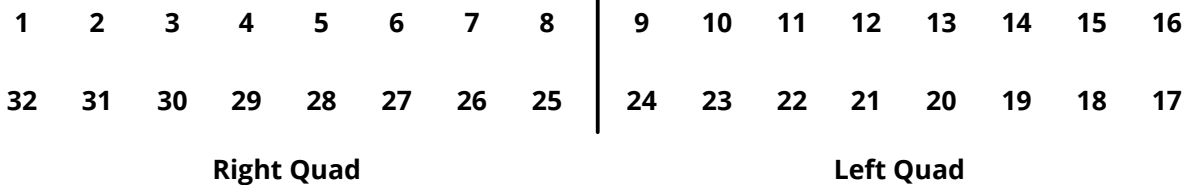
DOB: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ID #: \_\_\_\_\_

Referring Office/Doctor and Contact Email: \_\_\_\_\_



**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!*