

# Referral Form

## ***Texas Endodontics, P.C.***

2840 Keller Springs Rd., Ste. 703

Carrollton, TX 75006

214-483-3660 office

214-483-3557 fax

Email: [texasendodontics@aol.com](mailto:texasendodontics@aol.com)

Website: [www.texasendodontics.net](http://www.texasendodontics.net)

### Endodontists:

Frank Aker, DMD, FAGD

Casey Turner, DDS, MS

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

Introducing \_\_\_\_\_ for Endodontic Consideration of

Right								Left							
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

Status:

Pulp exposed

Periapical pathosis

Open for Drainage

Bridge is cemented

Patient has discomfort,  
please evaluate

Temporarily   
Permanently

Remarks:

**Your Appointment is scheduled for:**

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

- This time is reserved for you. **24 hours notice** required for change or cancellation of appointment in which case no charge will be made. Please call our office at **214.283.3660** for any changes to this appointment.

X

\_\_\_\_\_  
Referring Office Authorized Signature