RidgeGate ENDODONTICS

Referring Doctor: _____ Date _____

Introducing: _____ to your office

Patient Phone: _____

Dental Insurance _____

☐ Patient is scheduled for an appointment at RidgeGate Endodontics:
_____ /_____ /_____at _____ ☐am ☐pm

Please provide the following service:

- ☐ Consultation Only
- ☐ Consultation & Endodontic Treatment
- ☐ Apicoectomy/Root-End Surgery
- ☐ Restoration to be Replaced
- ☐ Endodontic Retreatment
- ☐ Leave Post Space
- ☐ Place Buildup/Core

Teeth to be evaluated:

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

Remarks _____

_____

_____

Kerri Lawlor, DDS

Board Certified Endodontist

10107 RidgeGate Parkway, Suite G20 Lone Tree, CO 80124

Located in the **EVERGREEN Building**

Office (720) 507-2241 | Fax (720) 507-2221

info@ridgegateendo.com | RidgegateEndo.com

american association of endodontists

Kindly give 24 business hours notice for cancellation.
Please bring this referral slip to your appointment.