



**ENDODONTIC
ASSOCIATES**
OF FORT WORTH

3821 Camp Bowie Boulevard

Fort Worth, TX 76107

Phone: (817) 438-8547

<https://eaofftworth.com>

office@eaofftworth.com

Yogesh Patel, DDS

Deborah Creel Loth, DDS, MS

Navid Khalighinejad, DDS, MSD

Referral Form

Date: _____

Patient Name: _____

Date of Birth: _____

Insurance Name: _____

Member ID/SS#: _____

Home Phone: _____

Mobile Phone: _____

Home Dental Office: _____

Office Phone: _____

Referring Doctor Name: _____

Tooth #: _____

Remarks / Notes:

REASON FOR REFERRAL:

- patient has discomfort
- previously opened
- pulp exposure
- periapical pathosis

TREATMENT REQUIRED:

- root canal
- retreat root canal

RESTORATION CEMENTED:

- temporary
- permanent

PLEASE PLACE:

- IRM temp filling
- composite
- build-up