



Endodontic Patient Referral

Call our office to schedule an appointment. Please send this completed form to our office and give a copy to the patient for their records

Gentry Toone, D.D.S.
John K Jeppson, D.D.S., M.S.D.

Patient Information Name Phone Email	Referring Office Information Referring Dr. Referring Office Phone
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This patient is being referred for evaluation of the following:

Type of Referral

Orthograde RCT (#)	Retreatment (#)	Surgical Consult (#)
Consult (#)	Diagnosis (#)	

Symptoms

Hot Cold Pressure Spontaneous Swelling Other

Previous Treatment on Tooth

Type of Treatment	Date
Canals Accessed: Yes No	Medication Placed

Periodontal Involvement Yes No

Medications Prescribed

Antibiotic	Date
Analgesic	Date

Special Considerations

Medical
Dental
Anxiety

Radiographs Included Date

Comments

General Dentist Signature Date

OFFICE: (907) 885-0857 FAX: (907) 274-4870
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FrostAnchorage@mb2dental.com

*Please note that re-treats of any kind must be first sent to our office to be considered. Our staff will contact your office with the final Doctor's decision.