

Advanced Endodontic Clinic

305 West 12th Avenue 4th floor, Room 4011A Columbus, OH 43210

Office: (614) 292-5399 Fax: (614) 688-3608

Email: rootcanal@osu.edu

## REFERRAL FORM

Date:	
-	Referrals are valid for 1 year
	of the written date above
Dr. Name:	
Ji. Nailie.	
Address:	
City, Zip:	
Phone:	
-	
-	
	Dr. Signature
	_

PA	TIENT INFORMATION	
First Name:		
Last Name:		
DoB:		
Address:		
City, Zip		
Phone:		
Dental Ins:		
Billing #		
Patient Email:		
Pa	tient needs an interpreter	
Language	<u>,                                      </u>	

## PLEASE CIRCLE TEETH TO BE TREATED

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## TREATMENT DESIRED

Consultation Treatment Post Space

Re-Treatment Apicoectomy

## ADVANCED ENDODONTIC EMERGENCY and CLINIC INFORMATION

If you are experiencing severe pain/swelling, our hours are Mon. through Fri. 8:30 am – 12:00 pm. Patients are seen on a first come first seen basis. If seen as an emergency, patients may require a scheduled appointment to have their root canal completed at a later date.

- Patients will NOT be seen without a completed written OSU referral form from their general dentist and a valid government issued id.
- Payment for treatment is due at the time of service. We accept state-sponsored insurance plans. Additional information can be
  found at: https://dentistry.osu.edu/methods-payment. (Retreatments are a non-covered procedure with ALL state-sponsored
  insurances and patients are responsible for payment)
- For directions, visit the College of Dentistry website: https://dentistry.osu.edu/about-us/directions-parking park in the West 12th Ave parking garage located at 340 West 12th Ave, Columbus, OH 43210. (The College of Dentistry does NOT validate for parking)
- Children under 16 are <u>NOT</u> permitted to accompany their parent in the treatment room; the minor child must be accompanied by a
  parent or legal guardian in the waiting area. Parents are to remain in the waiting room while their minor child is receiving treatment.

Revised: 10/2023