THE OHIO STATE UNIVERSITY
COLLEGE OF DENTISTRY

Advanced Endodontic Clinic
4th Floor Postle Hall
305 W 12th Avenue
Columbus, OH 43210
Office: (614) 292-5399
Fax: (614) 688-3608
Email: rootcanal@osu.edu

PATIENT REFERRAL FORM

Date: _____

Referrals are valid 6 months from the date written above.
After 6 months a new referral will be needed.

REFERRING DENTAL OFFICE:

Dr. Name: _____

Address: _____

_____

Phone: _____

Signature: _____
Dentist

PATIENT INFORMATION

Name: _____

DoB: _____

Address: _____

_____

City, Zip: _____

Phone: _____

Dental Ins: _____

☐ **Yes, patient needs an interpreter**

PLEASE CIRCLE TEETH TO BE TREATED

UPPER

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

LOWER

TREATMENT DESIRED

☐ Consultation
☐ Treatment
☐ Retreatment
☐ Post Space
☐ Apicoectomy

COMMENTS

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 on a 1st come 1st 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. Accepted state sponsored insurance plans can be found at: **https://dentistry.osu.edu/patients/ohio-state-dental-clinics/methods-payment**
- Up to date referral forms can be found online at: **https://dentistry.osu.edu/clinics/endodontics**
- For directions or Insurance questions, please visit the College of Dentistry website: **https://dentistry.osu.edu/about-us/directions-parking**
- The College of Dentistry does **NOT** validate for the parking.
- Children under 16 are **NOT** permitted to accompany their parent in the treatment room; they must be accompanied by a parent or legal guardian in the waiting area. Parents are advised to remain in waiting room while their child is receiving treatment.

Revised: 10/2018