PATIENT REFERRAL FORM

Referring office or patient must call our clinic prior to reporting for emergency evaluation and/or treatment to confirm treatment availability that day. Patients who do not call in may not be seen that day due to high volumes of emergency patients.

Advanced Endodontic Emergency Referral Hours
(For patients who are experiencing severe pain/swelling)
Monday through Friday 8:30am – 1:30pm

Patient Name:__________________________________________ Date of Birth: _______ / _______ / ______
Address:________________________________________________ Phone #: _______ - _______ - ______
________________________________________________________

Insurance Company:________________________ INS Mem. Id#: ___________________

Tooth #          Eval    Treat   Retreat   Post Space                  Findings / Treatment Advised:

_____        ☐          ☐       ☐   ☐       ☐

_____        ☐          ☐       ☐   ☐       ☐

☐ Tooth (teeth) appears to be restorable.
☐ Patient has been advised that the tooth will require a final restoration.
  ☐ Patient will return to our practice for the restoration.
  ☐ Patient should become a patient of the College of Dentistry for the restoration.

Referring Dentist:________________________________________
Address:________________________________________________
Phone:________________________ Fax:_____________________
E-Mail:__________________________________________________

Signature:________________________________________ Date: _____ / _____ / _____

• Scheduled patients will not be seen without a written referral from their general dentist.
• Payment for service is due at the time of treatment. Additional fees apply to emergency evaluation and/or treatment. There is no sliding fee scale. The College accepts cash, check and credit cards for payment. Root Canal fees range from $575.00 - $895.00. *fees are subject to change without notice*
• Up to date referral forms can be found online at: http://dentistry.osu.edu/clinics/endodontics
• Please call our clinic to find out what state-sponsored insurance we accept or visit our webpage.
• Patients who need endodontic retreatment and have CareSource will need a panoramic x-ray or a full mouth series to submit for pre-approval of treatment. Please send a copy with the patient or we will take one (possibly at the patient's expense).
• For directions go to College of Dentistry website: http://dentistry.osu.edu/directions
• 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.
• Referrals are valid 6 months from the date written above. After 6 months a new referral will be needed.

Revised 6/2016