

PATIENT REFERRAL

to



BRUCE Y. CHA, D.M.D.

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Board Certified Endodontists

WASHINGTON PLACE

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SUITE 202

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www.rootcanaldrs.com

Introducing

Patient Name _____

Referring Doctor _____

Date ____/____/____ Tooth/Teeth#(s) _____

Referred for the Following

Root Canal Treatment

Root Canal Retreatment

Apicoectomy / Retrograde Filling

Consultation and Diagnosis

Other _____

Following Treatment

Place Temporary Restoration

Buildup with Composite

Leave a Post Space

Place Post and Core Buildup

Specify _____

Remarks _____

TO THE PATIENT:

Thank you for selecting our office for your endodontic care.

At your first visit, your tooth will be examined, a diagnosis will be made, and any necessary treatment will be explained before it is begun. You will be informed of the fee and the anticipated number of appointments for proper treatment. The doctor will be happy to answer any questions you might have at that time.

Please bring your dental insurance card to your appointment.

BEFORE YOUR INITIAL VISIT:

You may go to our website - www.rootcanaldrs.com - to download, print and fill out the "Patient Registration Form".

DIRECTIONS:

North on the Merritt Parkway: Take Exit 62 (Dixwell Avenue) and take a right off the exit. Go to your first light and take a right onto Washington Avenue. Our office is on the left hand side on the corner of School Street.

South on the Merritt Parkway: Take Exit 62 (Whitney Avenue) off the Parkway. Take a right off the exit and go to your third light and take a right onto School Street. Continue to the end of the street, our building will be on the left hand corner.

From I-91 and I-95: Take I-91 (if on I-95 get on I-91) to Exit 10. Take Exit 1. At the bottom of the exit take a left at that light and a left at your next light onto the Hartford Turnpike. At the next light take a right onto Dixwell Avenue. Go to your third light and take a right onto Washington Avenue. Our Office is on the left hand side on the corner of School Street.