VILLAGE WALK
DENTAL SURGERY & SPECIALTY GROUP

200 Village Walk Boulevard, Suite 100 London, ON N6G 0W8
Tel: 226-636-2222
Email: reception@villagewalkdental.ca

Dr. Jorge Moreno DDS, MSc. Certified Endo. Specialist

REFERRAL FORM – ENDODONTICS

Referring Doctor: _____ Office: _____
Patient: _____ DOB: _____ Gender: M / F
Address: _____
City: _____ Postal Code: _____
Telephone: (Home) _____ (Cell) _____ Email: _____

Consultation is requested for:

Endodontics *(Consult: $150)*

Tooth#: _____

Reason for Referral: ☐ Consultation ☐ Root Canal Therapy ☐ Re-Treatment ☐ Periapical Surgery
☐ Vital Pulp Therapy ☐ Other: _____

DDS Diagnosis: _____
_____

Treatment Provided by Referring DDS:_____
_____

Antibiotics Prescribed: _____

Additional Comments: _____
_____

Relevant Medical History:

_____
_____
_____

Referral Checklist:

☐ IO Photos & Patient Profile Pic *(if available)*
☐ PAN
☐ X-rays - relevant xrays
☐ Tracker Patient Info - including notes from the date of the appointment that prompted referral
☐ Med Hx
☐ Outside referral reports (ie. CBCT, ENDO, Perio, etc.)
☐ Appointment fees discussed with patient - and advised that ASSIGNMENT is not accepted.
Patient Initials: _____

Referral Form Completed by:_____

Assignment is NOT accepted, although claims will be submitted electronically on behalf of the patient.