



DENTISTS

A root canal practice accepting
Medicaid/CHIP/most PPO Insurance

3860 W. Northwest Highway Suite 108 • Dallas, TX 75220

P: 214.352.ROOT (7668) • F: 214.352.7670

www.RootCanalDentistsDallas.com

Email: rcd@happy2th.net

REFERRAL FORM

Please **EMAIL** THIS FORM TO rcd@happy2th.net or **FAX** to **214-352-7670**

*Patients need to **call 214-352-ROOT (7668)** to schedule their appointment

Today's Date: _____

Patient Name: _____

PPO ID#: _____

Medicaid/Chip: TMHP / MCNA / UHC / DQ

Memb/Subs #: _____

DentaQuest ICT #: _____

Date of Birth: _____

Parent/Guardian: _____

Contact #: _____

Referring Office: _____

Treating Dr.: _____

Office Address: _____

Office Email: _____

Office Phone: _____

Office Fax #: _____

*****PLEASE SEND XRAYs TO rcd@happy2th.net*****

Patient needs RCT on tooth # _____

PREVIOUS RCT? Yes / No

Would you prefer us to place the buildup after RCT? Yes / No

Patient current pain level: 0 1 2 3 4 5 6 7 8 9 10

Medical Alert: _____

Open Apex? Yes / No

Current Medication: _____

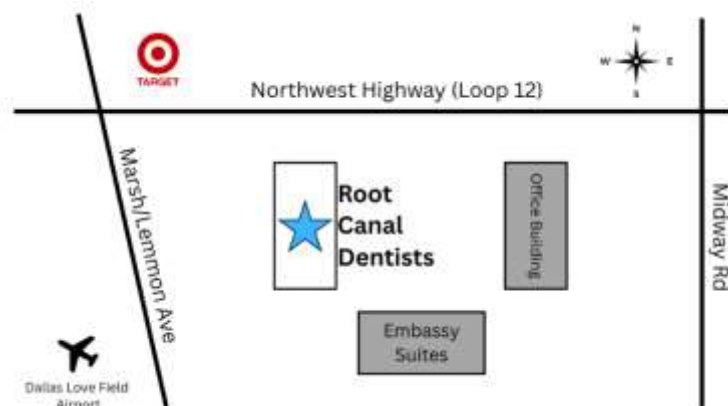
History of Trauma? Yes / No

Medication prescribed by referring doctor:

Tooth is Restorable? Yes / No

Behavior management required: F1 F2 F3 F4

Additional comments: _____



*****Appointment policy: 48 Hour notice
required for cancellation or rescheduling.
Failure to do so will result in loss of privilege for
future appointments. *****

We're located in the West tower, Suite 108
Next to Embassy Suites