

e n d o d o n t i c s P . C .

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Practice Limited to Endodontics

1450 28th Street West Des Moines, IA 50266

Phone: 515-224-4455 • Fax: 515-224-4040 • www.endopc.com

Date: _____

Referring Doctor: _____

Patient: _____

DOB: _____

Referred for the following:

- Consultation & Diagnosis Initial
- Endodontic Treatment Re-treatment
- Other, please specify _____

Please mark teeth to be treated:

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

Restoration:

- Permanent Temporary Post-Space

Comments:

Appt. Date: _____ **Check-In Time:** _____

Patient to call to schedule: 515-224-4455

What to Bring:

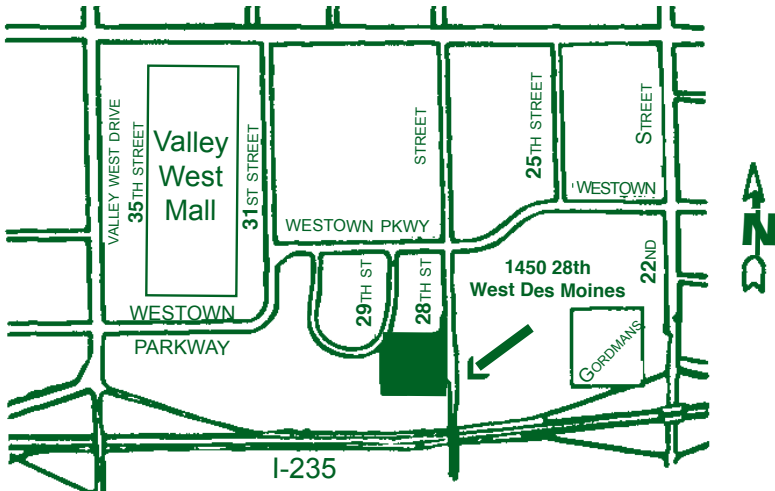
- This Referral Slip
- Medication List
- Dental Insurance Information

Financial Policy: We require payment on the day of your treatment. If you have dental insurance, we will estimate your portion and that will be your required payment on the day of treatment. We will then file your claim as a courtesy. You will receive a statement in the mail if there is a balance left after we have received a response from your insurance carrier. We accept Cash, Check, Visa, MasterCard, American Express, Discover, and CareCredit.

Directions: We are located two blocks East of Valley West Mall. If using a GPS, please be sure to enter “West Des Moines” instead of “Des Moines”.

From I-235:

- Take EXIT 2 for 22nd Street toward West Des Moines/Clive
- Turn onto 22nd Street (RIGHT if you were on I-235W. LEFT if you were on I-235E.)
- Turn LEFT onto Westtown Parkway
- Turn LEFT onto 28th Street
- Turn RIGHT into parking lot. There is a large sign with our name.



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