



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

Root Canal Specialists

DR. JEFFREY LILLY · DR. THOMAS BECKER · DR. GARY MATT · DR. LINDSEY MEDER · DR. BEN NASHLEANAS

REFERRAL

Date: _____ Referring Doctor: _____

Patient: _____ DOB: _____

Referred for the following:

- Consultation & Diagnosis
- Initial Endodontic Treatment
- Re-treatment
- Apicoectomy
- 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: _____ Location: WDM ANKENY

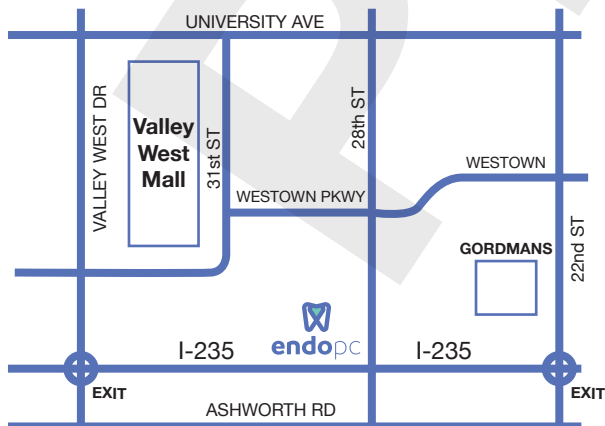
Patient to call to schedule: 515-224-4455

PATIENT INFORMATION

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.

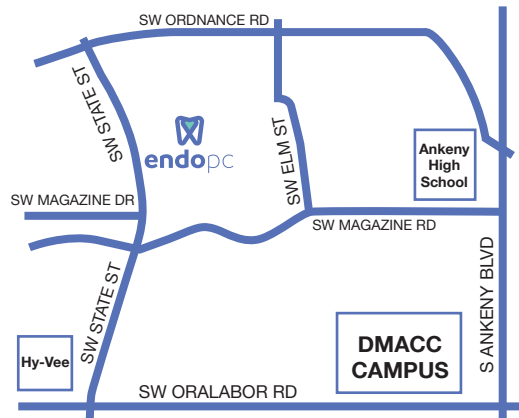
West Des Moines Office
 Just East of Valley West Mall



1450 28th Street, West Des Moines, IA 50266

Ankeny Office

North Side of the Prairie Trail Area



1201 SW State St., Ste 104, Ankeny, IA 50023