

Martin J. Rogers, D.D.S. | Matthew C. Davis, D.D.S.

Timothy J. Rogers, D.D.S., M.S.

# Best Endodontics *of Glenview*

MICROSCOPIC ROOT CANAL THERAPY

1775 Glenview Road, Suite 217 | Glenview, Illinois 60025

T: 847 729 8400 | F: 847 729 8408 | [www.Bestendoglenview.com](http://www.Bestendoglenview.com)

## REFERRAL SLIP

Date \_\_\_\_\_

Introducing \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

### TOOTH

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

X-Rays given to patient

**POST ROOM**      YES      NO (please circle)

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PATIENTS:

1. Please bring this referral slip with you the day of your appointment.
2. If you are taking any medications, please bring their names with you. The names are usually printed on the prescription bottle.
3. If you have dental insurance please bring your card with you on the day of your appointment.

**Payment is expected at the time of service  
unless prior arrangements are made.**