HAMBURG ENDODONTICS

AT THE ROOT OF BETTER CARE

Quinten J. Travis, D.M.D.
2704 Old Rosebud Rd Suite 380
Lexington, KY 40509
(p) 859-788-2040 (f) 859-436-1422
www.hamburgendodontics.com

Patient Information:

Patient Name: _____ Referral Date: _____

Patient Phone: _____ Referred by Dr: _____

Tooth #: _____ Office Phone: _____

Treatment Requested:

- ☐ Evaluate and treat as needed
- ☐ Evaluate only
- ☐ Retreatment
- ☐ RCT needed for restorative treatment
- ☐ Call for case discussion

History of Tooth:

- ☐ Pulp exposure
- ☐ Deep decay present
- ☐ Deep restoration present
- ☐ Previously existing RCT
- ☐ Trauma

Special Instructions:

- ☐ Restore endodontic access
- ☐ Leave post space
- ☐ Other: _____

Additional Comments:_____

_____

_____

Instructions for the Patient:

- ☐ Please call to discuss your insurance coverage and financial responsibilities.
- ☐ Please inform us of any medical conditions.
- ☐ Please call if you have any questions or if you have any trouble finding the office.

We look forward to seeing you and helping you through your root canal journey.

Appointment Date/Time:_____

Please fax this form to (f) 859-436-1422 or email to:

hamburgendodontics@outlook.com