VOX DENTAL SPECIALISTS
ENDODONTICS & ORAL SURGERY

214 -302 -2486 | VoxSpecialists.com
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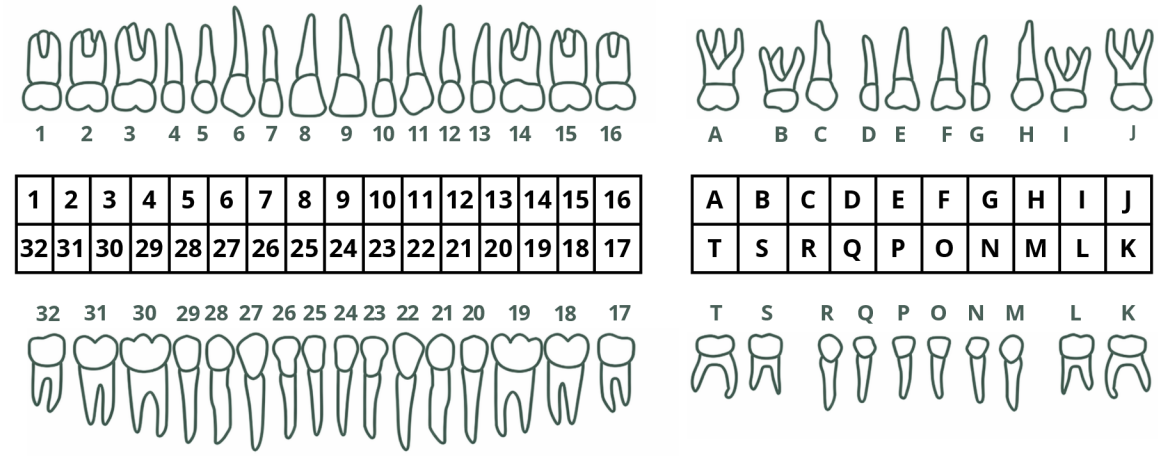
Date: _____ Insurance: _____

Patient Name: _____ Policy Holder: _____

DOB: _____ Group #: _____

Phone Number: _____ ID #: _____

Referring Office/Doctor
and Contact Email: _____



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

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Endodontic Referral:

- ☐ Toothache/ Pain/Swelling
- ☐ Pulp Exposure/Previous Pulpotomy/RCT
- ☐ Periapical Pathosis
- ☐ CBCT - 3D Scan
- ☐ Other (comment below)

Restoration Type:

- ☐ Cavit/IRM/Temp Filling
- ☐ Prepare Post Space
- ☐ Core Build-up/Composite
- ☐ Cement Post & Core Build Up

Oral Surgery Referral:

- ☐ Implant(s)
- ☐ Inclusive Restoration Protocol - Comment shade below
- ☐ Referring dentist to place abutment
- ☐ Extraction (s)
- ☐ Wisdom Teeth
- ☐ Bone Grafting
- ☐ Alveoloplasty
- ☐ Lesion Evaluation
- ☐ Expose & Bond
- ☐ Frenectomy
- ☐ TMJ
- ☐ All-on-X
- ☐ Other (comment below)

Comments: _____