



Plano Endodontics

Referral to: **Kimberly G. Holt, DDS**

phone: 972-713-6644
fax: 972-713-6794

email: info@planoendo.com
website: www.PlanoEndo.com

Date: _____

Patient Name: _____

Patient Phone: _____

Insurance: _____

Date of Birth: _____

Group #: _____

Member name: _____

Employer/Group: _____

Member ID/SS: _____

Member DOB: _____

Referring Office: _____

Referring Dentist: _____

Office phone: _____

Tooth #: _____

Notes: _____

Referred for:

- Discomfort / Pain
- Incomplete Root Canal tx
- Infection
- Pulp exposure
- CBCT (3-D scan) only

Requested treatment:

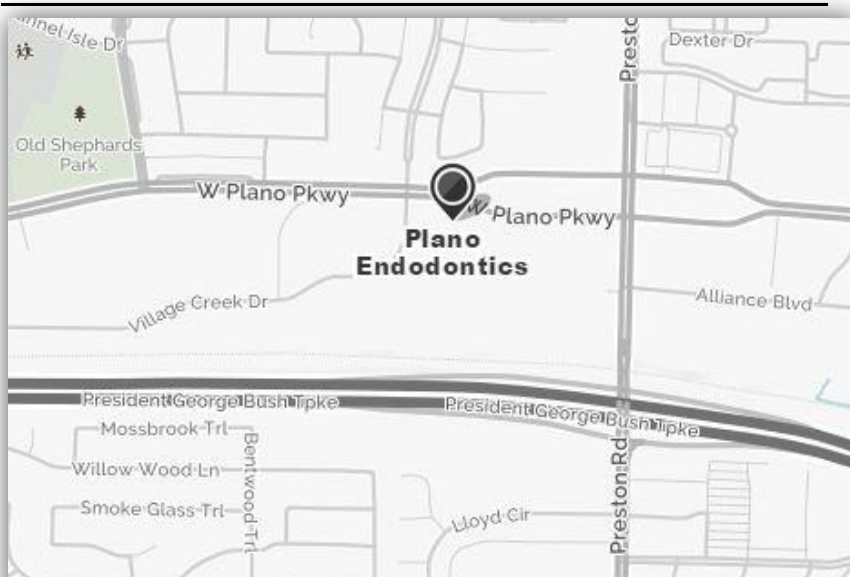
- Endodontic Therapy
- Retreatment
- Apicoectomy

Seal with:

- Cavit
- IRM

Special Request:

- Composite
- Build-up
- Post
- _____



5072 W. Plano Pkwy Ste 180, Plano, TX 75093



**We are located in a cream-colored, mediterranean building. Please park in the back.
We have a direct-access door into our suite on the first floor, Suite 180.**