



RIDGE MEADOWS ENDODONTICS

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Patient: First Name _____ Last Name _____

Patient Tel No: (Home) _____ (Wk/Cell) _____

DOB (m/d/y): _____ Address: _____

E-Mail: _____ Postal Code: _____

STATUS (Check one or more of the following) **TOOTH #:** _____
(PLEASE SEND P.A. & X-RAYS)

- Patient in pain, please treat A.S.A.P.
- Root Canal Treatment started, please complete.
- Tooth has previous Root Canal Treatment.
- How long ago? Date: _____
- Tooth has crown.
- Restore access.
- Post space.
- Temporary in access.
- Consultation and Diagnosis

COMMENTS: _____

INSURANCE: YES NO **2ND INSURANCE:** YES NO

Policy Holder's Name: _____ Policy Holder's Name: _____

DOB (m/d/y) _____ DOB (m/d/y) _____

Insurance: _____ 2nd Insurance: _____

Policy/Grp# _____ ID/Cert# _____ Policy/Grp# _____ ID/Cert# _____

Basic% _____ Limit = _____ Basic% _____ Limit = _____

Major% _____ Limit = _____ Major% _____ Limit = _____

REFERRING DOCTOR: First Name: _____ Last Name: Dr. _____
(Please Print)

Signature: _____ Office Tel. No. _____

TODAY'S DATE: _____ Office Address: _____
(Stamp)

Please send additional referral slips

Patient information on reverse

Welcome

Your dentist has referred you to an endodontist. Endodontists are dental specialists who have additional education and training in root canal therapy and other procedures involving the dental pulp. Endodontists are trained to treat complicated cases, traumatic injuries, and can usually save teeth which would otherwise be extracted.

Since endodontists limit their practices to root canal procedures **YOU WILL NEED TO RETURN TO YOUR FAMILY DENTIST FOR FINAL RESTORATION OF THE TREATED TOOTH.**

Please advise our office if you have any special needs when you make your appointment and arrive 10 minutes before your appointment to complete the necessary paperwork. Our office is dedicated to keeping you comfortable during and after treatment, honouring your appointment time and providing you with a clean and cheerful environment where strict infection control procedures are followed. We look forward to serving you.

Your insurance company will not pay for all the costs of your root canal treatment. The amount not covered by your insurance company must be paid at the time of your visit and for your convenience cash, credit cards, and interac are accepted. Please bring all insurance information with you so that we can confirm that your insurance covers your treatment, otherwise payment in full will be expected. **Full payment is expected for all consultation appointments.**