



**DR. MARK
DREYER** DMD, PA
ENDODONTIC CENTER

PATIENT REFERRAL

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

**DR. MARK DREYER DMD, PA
DR. NAVEEN ALLIN, DMD**

WELCOME TO OUR OFFICE

We realize that the thought of having a root canal is stressful for some people. We will make it our highest priority to take the stress out of your root canal experience. If you are anxious, we can provide a range of sedation services from laughing gas, oral sedation, IV moderate sedation to IV deep sedation with an anesthesiologist.

PATIENT NAME: _____

REFERRING DOCTOR: _____

TOOTH #: _____

REASON FOR REFERRAL

☐ SEDATION

☐ CONSULTATION

☐ POST AND CORE

☐ ROOT CANAL TREATMENT

☐ POST-SPACE

☐ RE-TREATMENT

☐ CORE BUILDUP

☐ TREAT FOR RESTORATIVE
REASONS

☐ TEMPORARY

NOTES: _____

ADDRESS:

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Winter Garden, FL 34787

CONNECT WITH US:

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