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Iowa Endodontics, P.C.

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2525 N. Ankeny Blvd, Ste 105
 Ankeny, IA 50023
 Practice Limited to Endodontics

REFERRAL

DATE: _____ **Referring Doctor:** _____

Patient: _____ **DOB:** _____

Referred for the following:

- Consultation & Diagnoses Initial Endodontic Treatment Re-treatment Apicoectomy
 Other, please specify _____

Please mark teeth to be treated:

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

Restoration:

- Occlusal Amalgam Temporary Post-Space

Comments: _____

Appt. Date _____ Check-In Time _____

PATIENT INFORMATION

- What to Bring:** This Referral Slip Medication List Dental Insurance Information Patient to call to schedule 515-965-4456

Financial Policy: We require payment on the day of your treatment. If you have dental insurance, we will estimate your portion and that will be your required payment on the day of treatment. We will then file your claim as a courtesy. You will receive a statement in the mail if there is a balance left after we have received a response from your insurance carrier. We accept Visa, Mastercard, and Care Credit. Sorry, no personal checks please.

