



POSTDOCTORAL ENDODONTICS
 Boston University, Henry M. Goldman School
 of Dental Medicine

635 Albany Street, 2nd Floor
 Clinic, Boston MA 02118

Patient's Name: _____ DOB: _____ Referral Date _____

Address: _____ Phone# _____

Dentist's Name: _____ Signature: _____

Address: _____ Phone# _____

Please fax to the number below or email this referral slip to BUendo@bu.edu before we contact you for appointment. Fee/Insurance is required upon appointment.

Patient with return to **YOUR** practice for restoration. **POSTDOC ENDO** will perform endodontic treatment. Please email or fax 617-358-0512 for referral, and call 617-358-8330 for questions.

POSTDOC PROSTH and **PROSTOC ENDO** will complete the restoration and endodontic treatment before returning to your office. Please email or fax 617-358-0512 for referral and call 617-358-8330 for questions. **Postdoc Prosth** will assess first for restorative plan, unless emergency.

PREDOC clinic will complete the restoration before returning to your office. **POSTDOC ENDO** will perform endodontic treatment. Please check here if endodontic treatment may be completed by **PREDOC** clinic if applicable. Please email or fax 617-358-5762 for referral and call 617-358-8310 for questions. **Predoc** clinic will assess first for restorative plan unless emergency.

Teeth in concern and comments _____

For legal purpose, patient under the age of 18 must be accompanied with a parent or guardian
 Directions: Our clinic is located at the intersection of Albany Street and East Newton Street in Boston. The area is served by bus lines and accessible by car. Parking is available in the parking garage at 710 Albany Street and the Doctors Office Building located at 720 Harrison Avenue.

Thank you for the referral to Post-Doctoral Endodontic Clinic at Boston University School of Dental Medicine. We strive to server you and patient. Please follow the instruction closely in order for us to assist you better!

- 1) Fee and/or insurance will be required at appointment.
- 2) To expedite the process, when writing down teeth/comment, please be as specific as possible, for example, "consultation" or "treatment". Most treatment will require a consultation to begin with. However, "evaluation" or "check" may result in just consultation until there is confirmation from you to proceed with treatment.
- 3) Please check the accordingly to you need. Otherwise, we will need to contact you to confirm before we process the referral.
- 4) Please fax or email this referral as instructed based on your choice of .