



- Dr. Raymond Greenfeld
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**CERTIFIED SPECIALISTS IN ENDODONTICS**

Introducing \_\_\_\_\_ DOB \_\_\_\_\_ Remarks:

Patient phone #:(H) \_\_\_\_\_ (C) \_\_\_\_\_

Insurance:  N  Y (please provide details at the back of the form)

Please call patient  Patient will call

Appointment already scheduled on  
 \_\_\_\_\_

**Tooth status**

Pain  Swelling  Fistula  Trauma

RCT started, please complete

Previously treated  our /  other office  
 \_\_\_\_\_  months /  years ago

Recent filling / crown  
 \_\_\_\_\_  months /  years ago

Crown to be placed / replaced

**Tooth/Area of concern**

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Tooth # \_\_\_\_\_

**Referral Request**

- Consult only
- Consult & treat as necessary
- Call to discuss first
- Prophylactic RCT
- CBCT

Upper /  Lower jaw

Tooth # \_\_\_\_\_

Panoramic

**After RCT**

Please restore the access

- Temporary
- Permanent
- Leave post space

**Report**

- Email
- Paper

Referred by Dr. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D)

Office Phone #: \_\_\_\_\_

Please send more referral pads.  
 Ffillable PDF referral form available at [www.endobc.com](http://www.endobc.com)



Our office is located on the 8th floor of Richmond Health Sciences Center, right across the street from Richmond Hospital. Pay parking spaces are accessible **via Azure Road**. Bus 401 and 407 have stops very close to our building.

Please bring the following to your first appointment **if available**:

- List of medications and allergies;
- Dental insurance information;
- Referral note/ radiograph/ CBCT scan

Dental Insurance Information:

Primary \_\_\_\_\_  
Provider Policy# ID#

Secondary \_\_\_\_\_  
Provider Policy# ID#