



VAN GORDON ENDODONTICS

3925 SW 153rd Dr. Suite 220
Beaverton, Oregon 97006

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Gregory A. Van Gordon, DMD, PC

Specialist in Endodontics

Patient Name: _____

Phone: _____ Date: _____

Referred by Dr.: _____

Office Phone: _____

Referring doctor please check options:

Tooth #: _____

HISTORY:

- Previous Treatment Swelling
- Patient is in pain Hot / Cold
- Fistula Pressure / Tenderness
- Radiolucency
- Other _____

TREATMENT REQUESTED:

- Consultation & Diagnosis
- CBCT Scan
- Endodontic Treatment
- Retreatment
- Surgical Evaluation / Apico

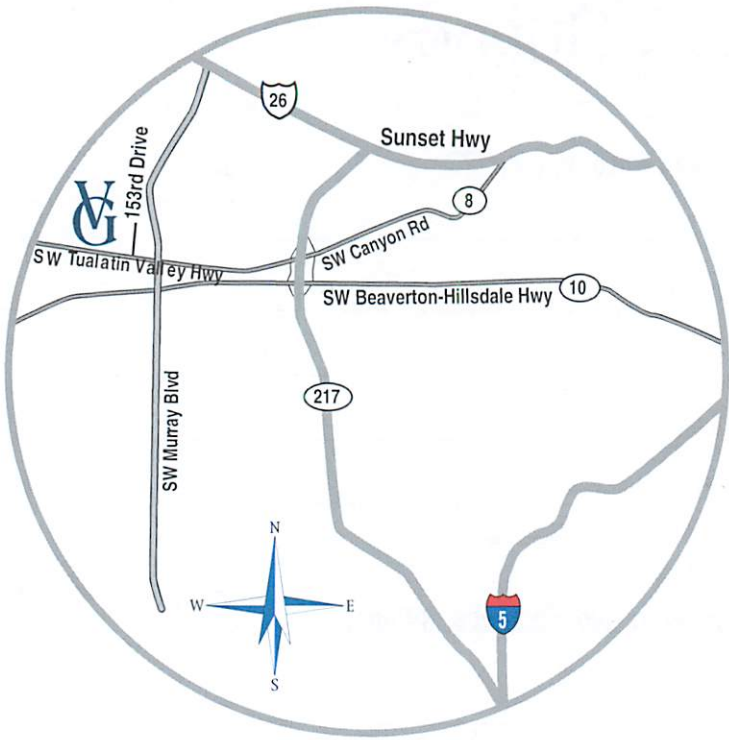
COMPLETE WITH:

- Temporary Filling
- Core Buildup
- Orifice Barrier: yes no
- Post Prep: yes no

Remarks / Restorative Plan: _____

- Please call patient to arrange appointment
- Patient will call you to arrange appointment
- Email x-rays to *office@vg-endo.com*

**REFERRING OFFICE:
PLEASE FAX OR EMAIL
COMPLETED REFERRAL FORM**



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OFFICE HOURS:

Monday - Thursday: 7:00am - 3:30pm

(By appointment only)