



## **Patient Referral Form**

Dr. Ben Wheeler, DMD

Patient Name:								Date:								
Phone Number:								Email Address:								
Refe	Referring Doctor:															
Appointment Date & Time:																
Refe	Referral Requested:															
□ Co	□ Consult & Treat As Necessary □ Endo Previously Started □ Retreatment															
☐ Cr	□ Crack Suspected □ Apicoectomy															
Requested Coronal Restoration:																
☐ Temporary ☐ Post & Core								☐ Core Build-up ☐ Temp w/ Post Space								
Tooth Number(s):																
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	
Con	Comments:															



The GentleWave® Procedure is a minimally invasive alternative to standard root canal treatment that relies less on the file, instead using a combination of disinfecting procedure fluids and broad spectrum acoustic energy to effectively clean the root canal system.





