

Dr. Samuel Kratchman, D.M.D

Dr. Kenneth Lee, D.M.D.

Dr. Allen Yang, D.M.D.

Dr. Ameir Eltom, D.D.S.

Dr. Lindi Orlin, D.D.S.

REFERRED BY

Dr. Date:

Phone No.: Email:

Address:

INTRODUCING

Name:

Please do Endodontic Treatment (root canal) on Tooth No.:

Please examine only - Tooth No. or Area:

Treatment done so far in my office:

Has the tooth had previous root canal? Yes No

Any additional information that would help us to better treat your patient.

- Digital Radiographs will be e-mailed to: **office@extonendodontics.com**
- Please fit a Para-post
- Please leave post space
- Please call me regarding this patient

Communication is the key to a successful relationship.
Please call our office so that we may discuss any aspect of your proposed treatment.



SPECIALIST MEMBER

PATIENT INSTRUCTIONS

You were referred to our office for specialized treatment by an Endodontist. We provide a caring and comfortable environment. To assist us in providing you excellent service, we ask that you do the following:

- Please go to our website, www.extonendodontics.com, and completely fill out the patient information and medical history forms and print them out prior to your visit - this will help us to expedite your appointment.
- Bring with you a list of all medications you are currently taking. In addition, please alert our office of any medical condition that may need consultation with your physician.
- Bring with you to your appointment this referral slip and any x-rays your doctor may have given you.

A parent or guardian must accompany any patient under the age of 18 at their first appointment.

OUR PAYMENT POLICY

For patients that do not have insurance, or those with insurance plans that we do not participate in, payment is due at the time services are rendered. We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, and CARE CREDIT. For patients that have dental plans that we do participate in, your copayment is due at the time services are rendered. If we do not participate with your insurance plan, we will submit to your insurance for reimbursement to you as a courtesy.

OUR INSURANCE POLICY

When you schedule your appointment, we ask that you provide to us, detailed insurance information. We participate with Delta Dental, Met Life, Aetna PPO, Cigna PPO, Guardian, Assurant, Humana, Ameritas, Dentemax and Fidelio. Your copayment is due the day services are rendered.

DIRECTIONS TO OUR OFFICES

Exton Endodontics Office

- From King of Prussia - Take 202 South to Rt 30 W North 100N Downingtown Exit. Turn right at first light. Cross over Rt. 30. Go to 2nd traffic light. Turn right on Swedesford Road. Go through first traffic light. Exton Commons will be on the right. Take second entrance (500-600). Follow signs to 665.
- From Rt. 100 and Rt 30 - Take 100 North to second traffic light. Make right on Swedesford Road. TGI Fridays is on the right. Go through first light. Exton Commons is on the right. Take second entrance on right 500-600. Follow signs to 665.
- From Downingtown Exit of Turnpike. 100 South to Swedesford Road on left. TGI Fridays is on left. Go through first light. Take second entrance 500-600 Exton Commons. Make right and follow signs to 665.

West Chester Endodontics Office

- From Rt 100 South - Take 202 South. Get off at Paoli Pike entrance and make a right. Paoli Pike turns into Gay Street. Turn right at McDonald's. Montgomery Avenue. Follow to first light. Chester County Hospital will be directly in front of you. Make a left onto East Marshall Street. Make the first left into parking lot. Our building is 606. Suite 204.
- From 202 N. To High Street through West Chester town. Follow Hospital signs. Right on East Marshall. Office is on right across from Chester County Hospital. 606 East Marshall Suite 204.