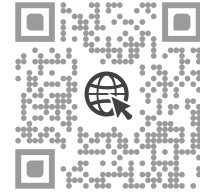




Mina Rizk, B.D.S., M.S.D.  
Srinivas Pushpala, D.M.D, M.S.D.

7830 W. Grand Pkwy S.  
STE 295, Richmond TX 77406

Tel: (281) 961-0961 (Call or Text)  
admin@foundationendo.com



Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Appt. Date/Time: \_\_\_\_\_

Please Circle the Involved Teeth

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	L

**For**

- Consultation Only
- Root Canal Treatment
- Retreatment/Surgery
- Intentional Endodontics
- Internal Bleaching
- CBCT Scan

**Restorative Request**

- Temp Filling
- Post Space
- Build-up/Post and Build-up
- No Orifice Barrier

**Restorability**

- Restorability has been evaluated
- Crown lengthening was discussed
- If non-restorable, refer to OS

**Existing Restoration**

- Temp Crown/Bridge
- Crown/Bridge is temp cemented
- Crown/Bridge will be replaced

**Misc**

- Sedation is recommended
- Please call me prior to treatment

\*For convenience of scheduling, please forward any existing radiographs

**Comments:**

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Insurance: \_\_\_\_\_

ID: \_\_\_\_\_

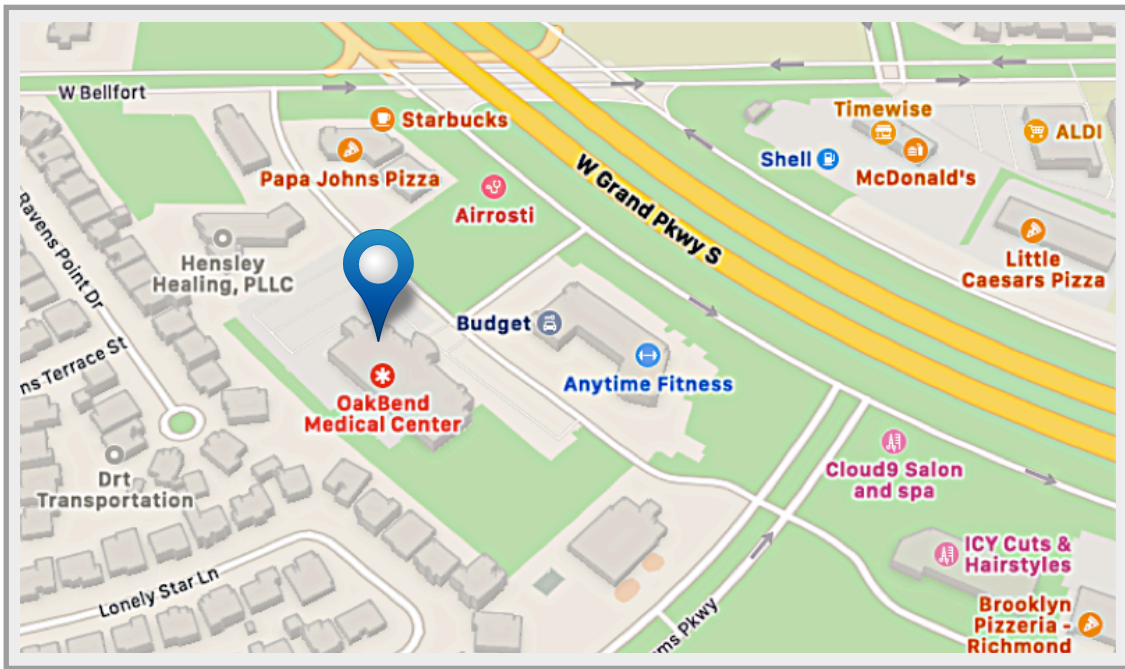
Pending Claims: \_\_\_\_\_



## INSTRUCTIONS TO PATIENT

1. Please call or text us at **(281) 961-0961** to schedule your appointment
2. Please provide us with a copy of the following (by Text or Email):
  - This referral slip
  - Driver's license or ID
  - Insurance Card (if present)

ALL OF OUR COMMUNICATION PLATFORMS ARE HIPPA-COMPLIANT



### IN NETWORK WITH

AETNA	BOON CHAPMAN	GEHA/CONNECTION	SUNLIFE FINANCIAL
AFLAC	CAREINGTON	GUARDIAN	UNICARE
AMERITAS	CIGNA	HUMANA	UNITED CONCORDIA
ANTHEM	DELTA CARE	MANAGED DENTAL GUARD	UNITED HEALTHCARE
ASSURANT	DELTA DENTAL	METLIFE	WELLCARE/ENVOLVE DENTAL
BLUE CROSS BLUE SHIELD	DEVOTED/LIBERTY DENTAL	PRINCIPAL	Other plans..



7830 West Grand Parkway South STE 295, Richmond TX 77406  
**Tel: (281) 961-0961 (Call or Text) · Fax: (281) 858-2828**  
 email: [admin@foundationendo.com](mailto:admin@foundationendo.com)