

Dr. Jaclyn Rivera, DDS
Champagne Family Dental

735 Sparks Blvd., Sparks, NV 89434 | 775-359-3934 | referrals@champagnedental.com

Patient Information

Patient Name Date of Birth Gender Phone Number Email
Address

Insurance Information

Insurance Carrier Subscriber Name Member ID Group #

Reason for Referral

Procedure Requested

- | | |
|---|---|
| <input type="checkbox"/> Root Canal Treatment — Initial | <input type="checkbox"/> Diagnosis / Second Opinion |
| <input type="checkbox"/> Root Canal Retreatment | <input type="checkbox"/> Internal / External Resorption |
| <input type="checkbox"/> Apicoectomy / Surgical Endo | <input type="checkbox"/> Traumatic Injury |
| <input type="checkbox"/> Pulp Cap / Pulpotomy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cracked Tooth Evaluation | |
-

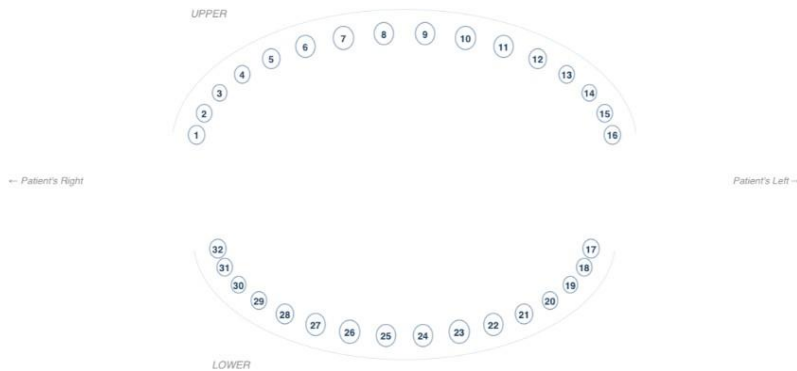
Priority

- Routine
- Urgent (within 48 hrs)
- Emergency (same day)

Symptoms

- | | |
|---|---|
| <input type="checkbox"/> Spontaneous Pain | <input type="checkbox"/> Swelling / Abscess |
| <input type="checkbox"/> Pain to Percussion | <input type="checkbox"/> Asymptomatic |
| <input type="checkbox"/> Pain to Thermal | |

Tooth Diagram – Circle Affected Tooth Number(s)



NOTES / RELEVANT HISTORY

Referring Doctor Practice / Office Phone / Fax Date
Notes About Tooth / Treatment Considerations



Scan to submit patient information directly to our team.

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[Map-View](#)