



JAMES WOLCOTT, DDS
SUSAN WOLCOTT, DDS

DIPLOMATES, AMERICAN BOARD OF ENDODONTICS

INTRODUCING _____

REFERRED BY _____

APPOINTMENT DATE/TIME _____

TOOTH NO. _____

- CONSULTATION & DIAGNOSIS
- ENDODONTIC TREATMENT
- ENDODONTIC RETREATMENT
- ENDODONTIC SURGERY
- RESTORE ACCESS
- POST SPACE
- POST & CORE

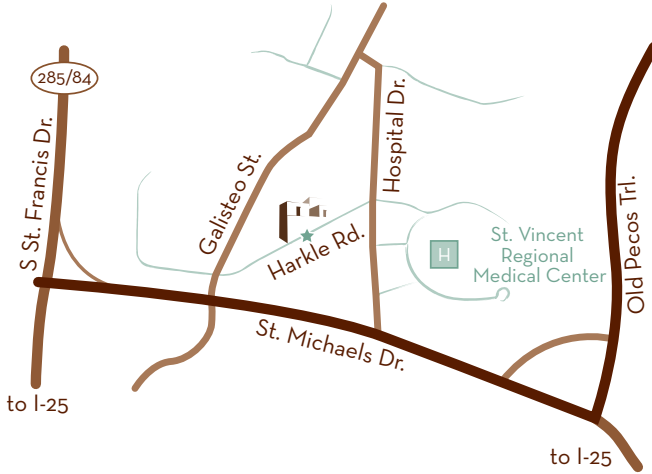
REMARKS _____

539 Harkle, Suite C, Santa Fe, NM 87505

t. 505.819.5690 toll free. 1.855.819.5690 f. 505.819.5691 e. info@endonm.com

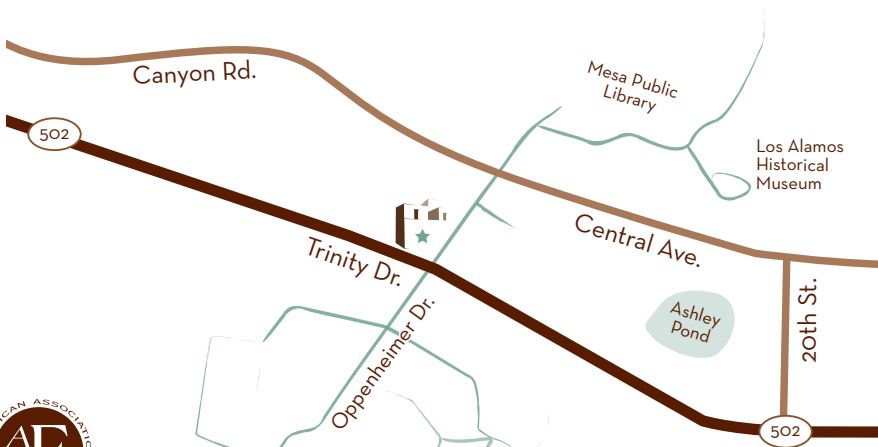
SANTA FE LOCATION

539 Harkle, Suite C, Santa Fe, NM 87505



LOS ALAMOS LOCATION

2160 Trinity, Suite 11, Los Alamos, NM 87544



SPECIALIST MEMBER

INSTRUCTIONS FOR REFERRING PATIENTS ONLINE (For Doctors Only)

If you prefer to use our secure online patient referral form, please visit our website and follow these simple steps:

Go to www.endonm.com

From the main menu at the top of the screen, roll over the "REFERRING DRS" tab.

From the drop down menu, choose "REFERRAL FORM."

Click the "ONLINE REFERRAL FORM" button on this screen.

Fill out the form using the tab key to move from field to field.

When you complete the form, click the "SUBMIT FORM" button at the bottom of the screen.

Once you have submitted the form, you will have the option to upload and attach X-rays to it.

Save this referral slip to be distributed to the patient for directions and contact information.