

TGS ENDODONTICS

Richard S. Shapiro, D.D.S.

The Medical Quarters
5555 Peachtree Dunwoody Rd., Suite 275
Sandy Springs, GA 30342
404-256-4772 Phone

tgsendo@hipaa-compliant-forms.com

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: **tgsendo@hipaa-compliant-forms.com**

Please fit a Para-post

Please leave post space

Please call me regarding this patient

We have reserved time for your Initial Appointment on

Day Date Time

**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

HIPAA Compliant

PATIENT INSTRUCTIONS ON REVERSE SIDE

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.tgsendo.com, and completely fill out the patient information and medical history forms and send them to us electronically today - 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

PAYMENT IS DUE AS SERVICES ARE RENDERED. We are a fee for service practice. As a courtesy, we will gladly file your **PRIMARY** insurance for any procedure rendered and your insurance may reimburse you. A service charge of 1.5% per month (18% annually) will be automatically added to any delinquent account past 30 days, from the date of service. All returned checks will incur a \$50.00 accounting fee charge.

OUR INSURANCE POLICY

Prior to your appointment day, we ask that you provide, to us, detailed insurance information. This will allow us to promptly and accurately file your claim, for you, on the day of your appointment. Our goal is to expedite and maximize your reimbursement. Also, please bring your insurance ID card with you to the appointment.

DIRECTIONS TO OUR OFFICE

- From I-285 Eastbound, (exit #26) Glenridge Rd., make right to Glenridge Connector, proceed to end of road at Peachtree Dunwoody Rd., make left, second right into Medical Quarters.
- From I-285 Westbound, (exit #28) Peachtree Dunwoody Rd., make left, proceed past Northside Hospital/St. Joseph's Hospital through Johnson Ferry Rd., then first left into Medical Quarters.
- From GA 400 Southbound or Northbound, exit Glenridge Connector, follow signs to Peachtree Dunwoody Rd. Make left on to Peachtree Dunwoody Rd., then second right into Medical Quarters.