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ENDODONTIC STUDIO

INFO@RENOVOENDO.COM

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Introducing: _____

Referring Dr.: _____

Referring Dr. Phone #: _____

Date: _____

REFERRED FOR:

- ◯ Endodontic Consultation
- ◯ Endodontic Therapy
- ◯ Endodontic Surgery
- ◯ Implant Consultation/Treatment
- ◯ 3D Imaging/Reconstruction

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

WOULD YOU LIKE POST SPACE? ◯ Yes ◯ No

SPECIAL INSTRUCTIONS:

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Why Renovo?

1. Highest referral rating of any Chicago endodontists
2. Industry-leading 95% treatment success rate
3. Commitment to the latest technology and treatments

WHERE TO FIND US

DOWNERS GROVE
3000 Woodcreek Drive, Suite 130
Downers Grove, IL 60515
P: 630.963.1445 | **F:** 630.796.2249

ELGIN
1750 N. Randall Road, Suite 150
Elgin, IL 60123
P: 847.628.6390 | **F:** 847.628.6391

ROCKFORD
4445 Marsh Hawk Drive
Loves Park, IL 61111
P: 815.520.1592 | **F:** 779.423.1838

SCHAUMBURG
808 E. Woodfield Road, Suite 300
Schaumburg, IL 60173
P: 847.517.8330 | **F:** 847.517.8331

INSTRUCTIONS FOR ONLINE PATIENT REFERRAL (Intended for Referring Doctors)

1. Go to www.renovoendo.com using your web browser.
2. Click on the “For Doctors” located at the top menu, then “Refer a Patient” to complete an electronic form.
3. You may also include an attachment by clicking “Choose File”.