

Kirkland Endodontics

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Doctor Referral



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Introducing: _____

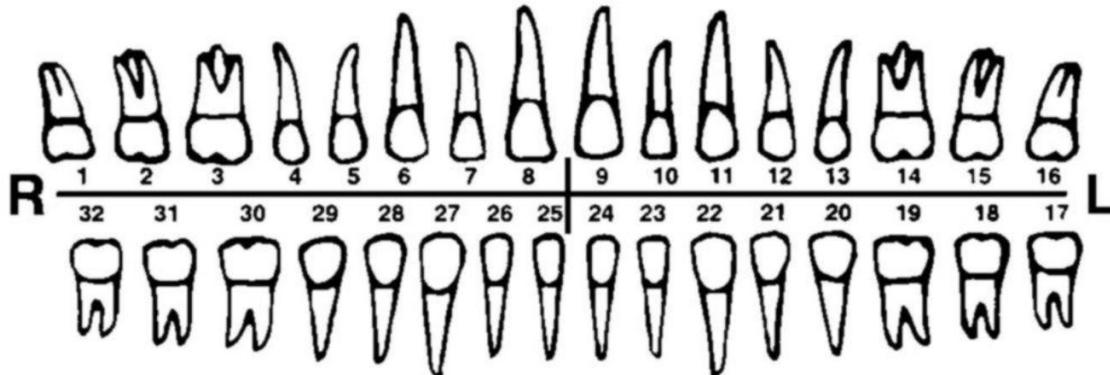
Patient Phone: _____

Referring Dentist Dr.: _____

Referring Dentist Email: _____

Date: _____

Please mark teeth to be treated



- Root Canal Filling
- Exam
- Apicoectomy/Retro Filling
- Bleach
- Post Space
- Pre-Med Patient
- Previous Endo

Comments, Information or Instructions: _____

See our Website for Directions to our office and for Insurance/Financial information. Bring all Insurance information with you. ***If you have been advised by your physician to premedicate with antibiotics before dental visits, please take the antibiotic before your first appointment.*** Minors should be accompanied by a parent or guardian at the first appointment.