



# HAVRON ENDODONTICS

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Introducing: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Tooth #: \_\_\_\_\_ Referring For:  Exam and Diagnosis Only  
 Endodontic Therapy  
 Endodontic Retreatment  
Restoration Desired:  Post and Core  
 Core Build-up  
 Post Space  
 Temporary

Does the patient require/request sedation?

Nitrous Only  Conscious Sedation

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In-network Provider for: Blue Cross Blue Shield of Alabama, Delta Dental, Cigna,  
Southland, Guardian, and MetLife.*

*We also accept CareCredit.*

*Your CO-PAYMENT is due at the time of services (usually 20 – 50%)*