



**Shervin Gholian D.M.D., M.M.Sc.**

*Practice Limited to Endodontics*

1039 Murray Street, Suite 120

San Luis Obispo, CA 93405

Ph: (805) 543-ROOT (7668)

Fax: (805) 543-7661

email: info@SanLuisEndo.com

## REFERRAL SHEET

Introducing

Please Call Patient for appointment at Phone \_\_\_\_\_

Referred By

Appointment Day Date Time

Please circle teeth to be treated or area involved

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- . . . . . Intentional Endodontics
- . . . . . Please leave post space
- . . . . . Please place preformed dowel post and composite buildup
- . . . . . Crown or bridge to be remade
- . . . . . Final impression taken
- . . . . . Patient needs to be premedicated
- . . . . . Treat as indicated
- . . . . . Call me before starting treatment

COPY 1 - FAX/PATIENT      COPY 2 - REFERRING OFFICE

*A consultation fee will be charged on your initial visit.*

