



# West View Endodontics

12777 Valley View St. # 252  
Garden Grove, CA 92845  
(714) 799-2888

Today's Date

### APPOINTMENT INFORMATION

This time is reserved specifically for you. If by necessity, you must cancel your appointment please notify us at least 24 hours in advance.

Appointment Date/Time:

Introducing:

Cell Numbers

Referred By: Dr.

Phone Number

**For consideration for consultation and / or Endodontic treatment.**

**Please indicate tooth / area to evaluate below**

#### REFERRED FOR THE FOLLOWING:

- consultation and diagnosis
- root canal treatment
- re-treatment
- leave post space
- apicoectomy/retrograde
- pulp exposure
- remove post
- please send additional referral pads
- please call patient to arrange appointment
- patient will call you to arrange appointment
- crown/bridge is cemented:
  - temporary
  - permanent

#### RADIOGRAPHS:

- given to patient
- emailed
- being mailed
- please call us

#### PLEASE MARK TEETH OR AREA TO BE TREATED

##### UPPER

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

##### LOWER

Remarks or Special Instructions:

#### Office Referral Form

