	Date:																
Patient's Name:																	
Referred I	by Dr.																
Tooth in q	uestio	n															
RIGHT $\frac{1}{32}$	2 3 31 3	3 4 0 29	5 28	<u>6</u> 27	7 26	8 25		9 24	10 23	11 22	12 21	13 20	14 19	15 18	16 17	- LEFT	
History: Pain Pulp Exposure Other								☐ Fracture/Cracked Tooth Syndrome ☐ Apical Radiolucency									
Please eva		_					_	;• •									
☐ Consultation and diagnosis																	
☐ Consultation / Treat as necessary☐ Root Canal Treatment								☐ Prepare post space									
Remarks:																	
						Арр	oir	ntme	ent								
																☐ AM _ ☐ PM	
Day						Da	te					Т	ime				

Instructions to Patient

- Please call for the first appointment.
- If your dental treatment is covered by dental insurance, bring the appropriate insurance forms with you to the first appointment
- Please give 24 hours notice for cancellation.

Please bring this card with you. Thank you.

Directions to our Offices

Garden Grove Office (Main St. Pavilion) 12865 Main St., #201 Garden Grove. CA 92840 Tel 714.530.7888 Fax 714.530.1344 Cell 714.797.4601

- From Orange & Tustin area: Take 22 fwy west, exit at Euclid and turn left onto Trask Ave. Proceed to Euclid and turn right. Make a left at Acacia Pkwy.
- From Cerritos and Long Beach area: Take 605 South, 22 fwy east, exit at Euclid and turn left. Proceed to Acacia and turn left.
- · Parking in rear of building



Irvine Office (Centerstone Plaza) 4040 Barranca Pkwy. # 135-A Irvine. CA 92604 **Tel** 949.262.1300 **Fax** 949.262.0453 **Cell** 714.797.4601

- From El Toro and Laguna Hills area: Take 5 north to 405 north. Exit at Culver and turn right. Proceed to Barranca and turn right.
- From Costa Mesa, Fountain Valley and Santa Ana area: Take 405 south. Exit at Culver and turn left. Proceed to Barranca and turn right.
- From north Santa Ana and Tustin area: Take 5 south.
 Exit at Culver and turn right. Proceed to Barranca and turn left.

