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## PATIENT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERRING DOCTOR INFORMATION

Referred By: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

REFERRED FOR THE FOLLOWING

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Consultation & Diagnosis Only | <input type="checkbox"/> Leave Post Space         | <input type="checkbox"/> Remove Post      |
| <input type="checkbox"/> Root Canal Treatment          | <input type="checkbox"/> Apicoectomy / Retrograde | <input type="checkbox"/> Post & Build-Up  |
| <input type="checkbox"/> Re - Treatment                | <input type="checkbox"/> Pulp Exposure            | <input type="checkbox"/> Cone Beam X-rays |

## OTHER INFORMATION

- ☐ Please send additional referral cards
- ☐ Please call patient to arrange appointment
- ☐ Patient will call you to arrange appointment
- ☐ Crown / Bridge is Cemented      ☐ Temporarily      ☐ Permanent

PLEASE MARK THE TEETH OR AREA TO BE TREATED

Diagram illustrating the bit numbering for a 32-bit register  $R$ . The register is divided into two 16-bit halves. The left half is labeled "UPPER" and contains bits 1 through 16. The right half is labeled "LOWER" and contains bits 31 through 17. A vertical line separates the two halves, with bit 16 on the left and bit 17 on the right.

## RADIOGRAPHS

- ☐ Being Mailed    ☐ Given to patient    ☐ Please Take    ☐ No X-Ray

## REMARKS OR SPECIAL INSTRUCTIONS

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## LOCATION



## PLEASE BRING THIS REFERRAL CARD TO YOUR APPOINTMENT

### INSTRUCTIONS FOR REFERRING PATIENTS ONLINE

(For Doctors Only)

If you prefer to use secure online patient referral form please visit our website and follow these simple steps:

1. Go to [www.santaclaritaendodontix.com](http://www.santaclaritaendodontix.com)
2. From the main menu at the top of the screen, roll over the "REFERRING DRS" tab.
3. From the drop down menu, choose "REFERRAL FORM".
4. Click the "ONLINE REFERRAL FORM" button on this screen.
5. Fill out the form using the tab key to move from field to field.
6. When you complete the form, click the "SUBMIT FORM" button at the bottom of the screen.
7. Once you have submitted the form, you will have the option to upload and attach X-rays to it.

Save this referral slip to be distributed to the patient for directions and contact information



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*We appreciate your confidence in our practice.*