



# TORRANCE ENDODONTIX

Practice Limited to Endodontics

YOUNES SAFA, DDS  
GRANT HUTCHENS, DDS  
SAKIB VAHORA, DDS  
JAMES BYUN, DDS  
NICOLE VU, DMD  
SARA SOUMEEH, DMD

**2225 Sepulveda Blvd, Unit B Torrance, CA 90501**  
**T: 310-325-3636 E. info@torranceendodontix.com**  
**www.torranceendodontix.com**

## PATIENT INFORMATION

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

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

Primary 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

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

## RADIOGRAPHS

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

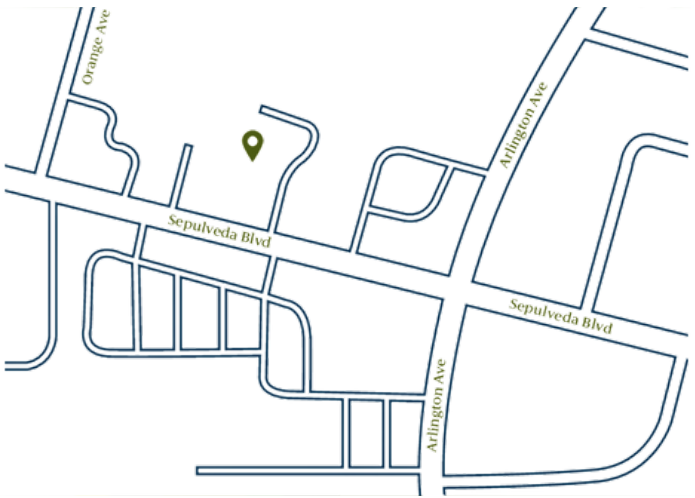
## REMARKS OR SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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.torranceendodontix.com](http://www.torranceendodontix.com)
2. From the main menu at the top of the screen, roll over the "REFERRING DR'S" 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



**TORRANCE**  
**ENDODONTIX**

2225 Sepulveda Blvd. Unit B Torrance, CA 90501  
T:310-325-3636 E. [info@torranceendodontix.com](mailto:info@torranceendodontix.com)

[www.torranceendodontix.com](http://www.torranceendodontix.com)

*We appreciate your confidence in our practice.*