



Keivan Zoufan

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Diplomate, American Board of Endodontics

Date: _____

Patient's Name: _____

Patient's Phone: _____

Referring Doctor: _____

Doctor's Phone: _____

Tooth to be evaluated:

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

Reason for Referral:

- Evaluate
- Evaluate/Treat as needed
- Evaluate for endodontic surgery
- Definitive endodontic treatment needed
 - Periapical radiolucency
 - Pulp exposure
 - RCT required for proper restoration

Restorative Instructions:

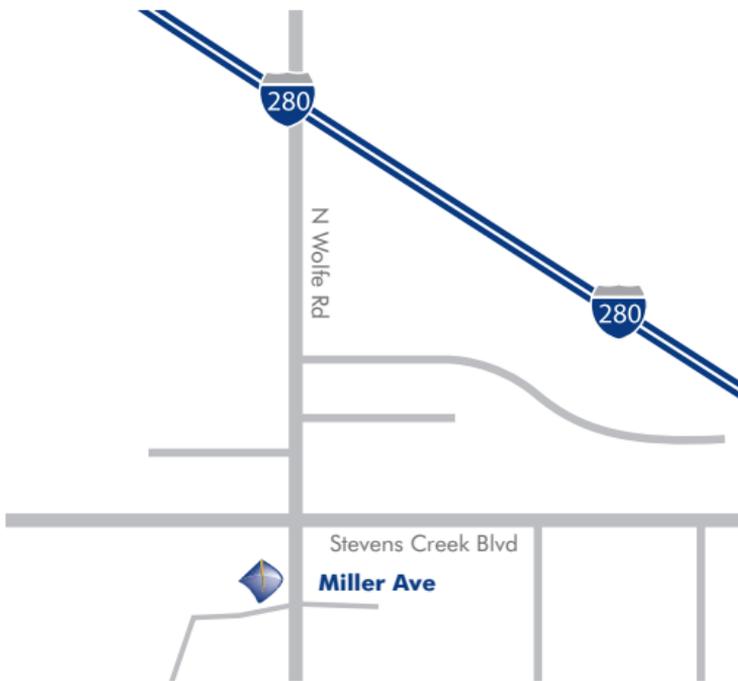
- Place post and build-up
- Place core build-up
- Leave post space
- Place Sponge and Cavit

Miscellaneous:

- Call me about this case
- Crown/bridge is cemented
 - Temporarily
 - Permanently

Special Instructions:

LOCATIONS



10055 Miller Ave., Suite 103, Cupertino, CA 95014

Main 408-832-5133 **Fax** 408-610-9888



826 Altos Oaks Drive, Suite 3, Los Altos, CA 94024

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