



# Keivan Zoufan

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Diplomate, American Board of Endodontics

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

Patient's Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

## 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 RCT needed
  - Pulp exposure
  - Proper restoration
  - Periapical lucency

## Restorative Instructions:

- Place Fiberpost and Build-up
- Place Resin Core Build-up
- Leave post space
- Place Sponge and Cavit

## Imaging:

- Panoramic Radiograph Only
- CBCT Scan Only
  - 4x4 cm (Limited)
  - 10x8 cm (Full arch)
- CBCT Scan and Consultation

## Miscellaneous:

- Call me about this case
- Radiologist Report (\$99.00)
- Please provide a copy of the scan on CD

## Special Instructions:

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## LOCATION



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

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