

**David C. Han, DDS., MS.   Jason S. Gim, DDS.   Christopher S. Chun, DDS.**

*Practice Limited to Endodontics, Endo Microsurgery & 3D CBCT Analysis*

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I would like to refer \_\_\_\_\_

- For:**
- |                          |                        |                          |                      |
|--------------------------|------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Consultation           | <input type="checkbox"/> | 3D Cone Beam CT exam |
| <input type="checkbox"/> | Endodontic Therapy     | <input type="checkbox"/> | Post space requested |
| <input type="checkbox"/> | Peri-radicular Surgery | <input type="checkbox"/> | OK with BC Liner     |

On tooth (teeth) #(s) \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

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

Patient has an appointment on: \_\_\_\_\_

