



THE **IVY** INSTITUTE  
Dental Specialists & Pain Management

David Li, D.M.D.  
Endodontics

Jason Gee, D.M.D.  
Endodontics

Jung Lim, D.D.S.  
Endodontics

Jenessa Oo, D.D.S.  
Endodontics

(Today's Date) \_\_\_\_\_

Introducing: \_\_\_\_\_

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

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

Doctor's Phone: \_\_\_\_\_

Appt. Date: Time: \_\_\_\_\_

Please Note: X-rays not necessary to send.

Eval # \_\_\_\_\_

RCT # \_\_\_\_\_

Surgical RCT # \_\_\_\_\_

Re-treatment # \_\_\_\_\_

Please Perform

Post Space

Build-up

Patient was prescribed:

Antibiotics \_\_\_\_\_

Analgesics \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I would appreciate:

PHONE CALL WRITTEN REPORT

- |                          |                          |                            |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Completion of Treatment    |
| <input type="checkbox"/> | <input type="checkbox"/> | Restorative Recommendation |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____               |

301 W. Huntington Dr. #520  
Arcadia, CA 91007  
(p) 626-445-8530 (f) 626-445-8540  
ivydentalspecialists.com

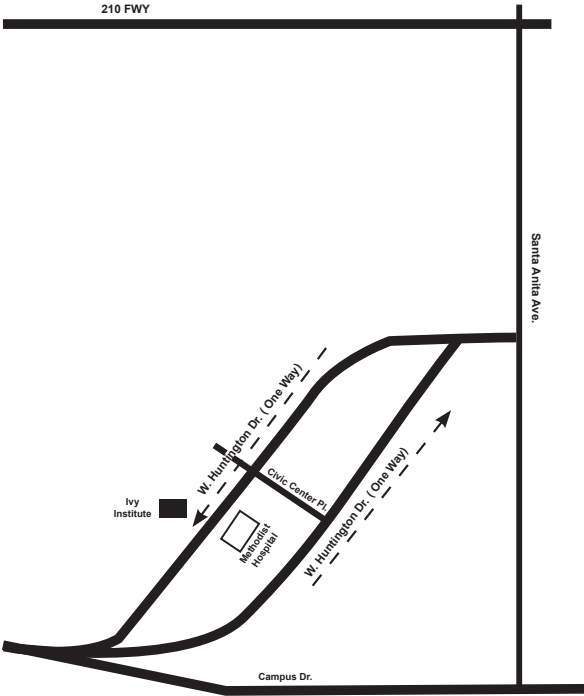


**MAP ON BACK**

White-Patient Yellow-File

American Association  
of Endodontics  
Specialist Member

Patient: Please plan on arriving 15 minutes early to your first appointment for paperwork, as we all try to be on time to the best of our ability.



Elisa Sin, D.M.D.  
Periodontics  
Diplomat, American Board of Periodontology

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

Introducing: \_\_\_\_\_

Referring Dr.: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

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

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**I AM REFERRING THIS PATIENT FOR:**

- Implant Placement Evaluation
- Implant - Extraction & Placement Evaluation
- Include Final Implant Abutment
- Periodontal Eval. - Complete
- Periodontal Eval. - Limited
- Crown Lengthening
- Gingival Recession/Grafting
- Bone Grafting
- Other \_\_\_\_\_

**AREAS OF CONCERN**

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

**PERIODONTAL TREATMENT DONE BY YOU**

- Plaque Control & Oral Hygiene Instruction
- Root Planning & Scaling UR / UL / LL / LR / ALL Date Done: \_\_\_\_\_

**RADIOGRAPHS:**

- All being forwarded to you
- Are available in our office
- Are accompanying patient
- If needed, please take films and send me a set

RESTORATIVE THOUGHTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTOR: \_\_\_\_\_

- Please send additional referral forms

Patient: Please plan on arriving 15 minutes early to your first appointment for paperwork, as we all try to be on time to the best of our ability.

