



**PENINSULA ENDODONTICS  
DENTAL GROUP**

**REFERRAL**

**PLEASE CHECK:**

**Dr. Kingstone Shih**

**Dr. Yarah Beddawi**

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Mountain View, CA 94040  
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**Dr. Mehran Fotovatjah**

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**Dr. Michelle Olsen**

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**Email x-rays to:** [xrays@peninsula-endodontics.com](mailto:xrays@peninsula-endodontics.com)

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

Referred by Dr. \_\_\_\_\_

Patient: \_\_\_\_\_

Tooth# \_\_\_\_\_ Appointment Scheduled: \_\_\_\_\_

**Services already performed:**

- Tooth has been opened, medicated and sealed
- Patient on Antibiotics and/or Analgesics
- Crown/restoration completed: Date \_\_\_\_\_
- Crown temporarily cemented

**Services requested:**

- Consultation
- Seal cotton in chamber, I will restore
- Post space
- Place post and core build up in:
  - amalgam  composite  glass ionomer
- Place core build up (no post) in:
  - amalgam  composite  glass ionomer

**Instructions/comments:**