



Bayside Endodontics

A Professional Corporation

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www.baysideendo.com

Please email patient documents to: info@baysideendo.com

Date _____ Patient's Name _____

Tooth # _____ Referring Doctor _____

Please indicate reason for referral:

Evaluation

Root canal treatment

Consult for Sedation

Retreatment

Conebeam CT scan

Microsurgery

Please indicate restorative preference:

RCT only

Leave Post space

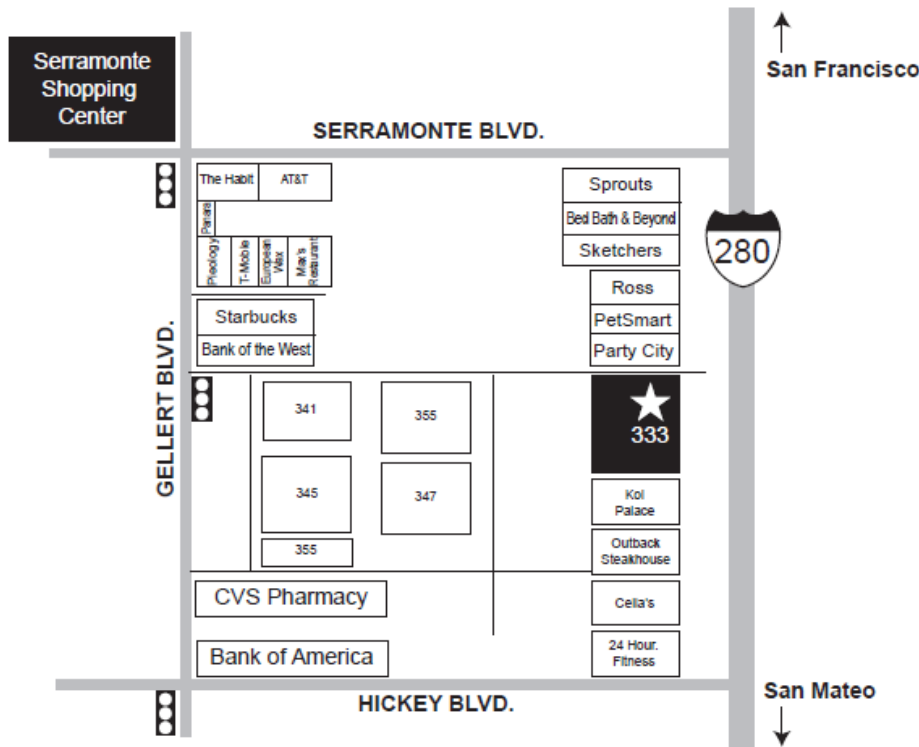
Crown Build-Up

Comments _____

Please bring this referral slip along with a complete list of medications to your appointment.

White: Referring Doctor's Copy

Yellow: Patient's Copy



Driving Directions:

From the Peninsula:

US 101N toward San Francisco
 Exit I-380W toward San Bruno
 Exit I-280N toward San Francisco
 Exit Hickey Blvd.
 Turn left at Hickey Blvd.
 Turn right at Gellert Blvd.
 Turn right into the Serramonte Plaza Shopping Center.
 333 Gellert Blvd., Suite 242

From San Francisco:

I-280S
 Exit Serramonte Blvd.
 Bear right onto Serramonte Blvd.
 Turn left onto Gellert Blvd.
 Turn left at light into the Serramonte Plaza Shopping Center
 333 Gellert Blvd., Suite 242