

358 Marine Parkway, Suite 400
Redwood City, CA 94065

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(650) 592-6066
Fax: (650) 596-0610

Patient _____ Date _____ Tooth No. _____
Phone Number _____ Insurance Company _____
Subscriber ID _____ DOB _____ Referred by Dr. _____

Services already performed:

- Tooth has been opened and left open
- Tooth has been opened, medicated and sealed
- Crown/restoration completed: Date _____
- Crown temporarily cemented

Services requested:

- Evaluate and treat as necessary
- Seal cotton in chamber, I will restore
- Post space
- Place post and core buildup
- Place core buildup (no post)

X-Rays:

- Attached Mailed
- Given to patient Emailed
- To be taken
- Please send additional referral slips.

Comments: _____

Pink Copy: Patient Green Copy: Referring Doctor

From the NORTH
Take 101 South - Exit on Ralston Avenue
Left turn at the light
GO PAST 3 Stop Signs
Right at Marina Park Center
Veer to the left - Building is on the right

From the SOUTH
Take 101 North - Exit on Ralston Avenue
Right turn at the light
GO PAST 3 Stop Signs
Right at Marina Park Center
Veer to the left - Building is on the right

From the EAST BAY
Take 92/San Mateo Bridge
Take 101 South - Exit on Ralston Avenue
Right turn at the light
GO PAST 3 Stop Signs
Right at Marina Park Center
Veer to the left - Building is on the right