

# Monterey Hills Dental Referral Form

This section to be filled in by referring dentist.  
Patient please bring this sheet to your  
appointment.

Patient Name \_\_\_\_\_  
Patient Phone # \_\_\_\_\_  
Referred by Dr. \_\_\_\_\_

Patient is being referred for:

- Evaluation only
- Root Canal Treatment
- Retreatment of Existing Root Canal
- Extraction
- Other \_\_\_\_\_
- Tooth/Teeth # \_\_\_\_\_

**Restorative Treatment Requested after Root  
canal:**

- Temporary
- Permanent
- Post Space



5906 Monterey Rd, Los Angeles 90042  
(323) 256-2680

www.MontereyHillsDental.com