



CARE AND CURE DENTAL

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Today's Date:

Patient's Name:.....

Phone:

Referred by Dr.

PLEASE MARK THE TOOTH OR AREA TO BE EXAMINED/TREATED:

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

Reason for Referral:

- Evaluation and diagnosis only
- Pain, Swelling, Sensitivity
- Tooth has been previously opened
- Pulp Exposure
- Intentional RCT for Restorative Reasons

Radiographs:

- Given to patient
- Have been mailed or e-mailed

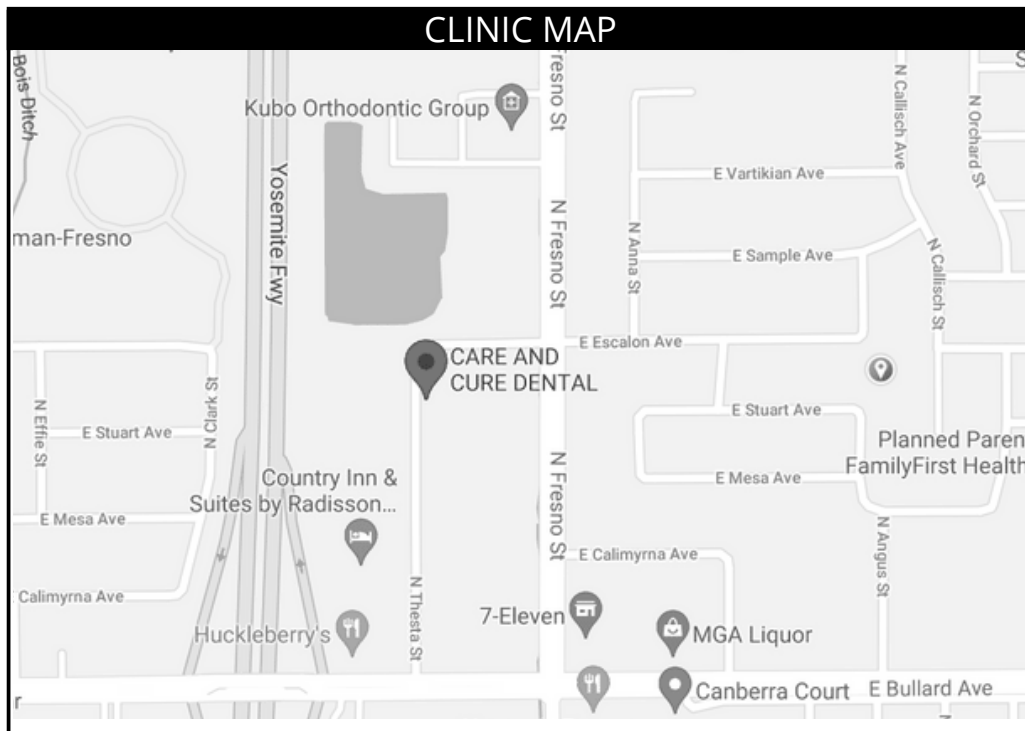
Restorative Instructions:

- Place post and buildup as needed
- Leave post space
- Temporary Filling
- Permanent Filling

Requested Treatment:

- Root Canal Treatment
- Diagnosis Only
- Place post & core
- Prepare post space only

Special Instructions/Concerns:



Dr. Shafayet and staff would like to welcome you to Care and Cure Dental, where our main purpose is patient care and saving your teeth! You have been referred to our clinic because your dentist has determined that your tooth requires special care. We strive to exceed your expectations about your dental visit. Please let us know if you need any special care during our appointment.

We look forward to serving you.