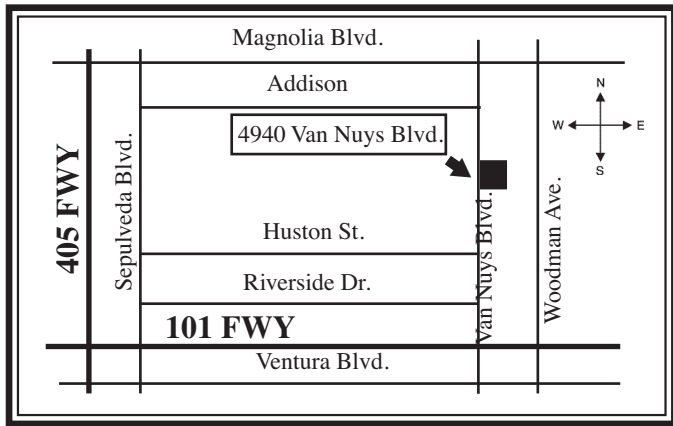


*Emad Bassali, D.D.S.*  
*Practice Limited to Endodontics*



*You are being referred to*

*Emad Bassali, D.D.S.*  
*Practice Limited to Endodontics*

4940 Van Nuys Blvd., Suite 101  
Sherman Oaks, CA 91403

*“Our goal is to assure you the most efficient and professional services.”*

Please contact us at **(818) 789-2200** to make an appointment.  
Fax: (818) 789-4455

We strongly recommend you to arrange an immediate appointment with your referring dentist following the completion of the treatment at our office.

INTRODUCING \_\_\_\_\_

For the treatment of tooth # \_\_\_\_\_

area \_\_\_\_\_

DATE: \_\_\_\_\_

REFERRING DR. \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check one or more of the following:**

Endodontic Consultation Only

Intentional Endodontics

Root Canal Treatment

Root Canal Retreatment

Endodontic Surgery

Apexification

Composite In Access

Post Space Only

Post Build Up

Bleaching

Other \_\_\_\_\_