



**John Oganessian, DDS**

1127 Wilshire Blvd. #903  
Los Angeles, CA 90017

BOARD-CERTIFIED  
MICROSURGERY AND ROOT CANAL SPECIALIST

**P:** 213.481.1155  
**F:** 213.481.1156

[www.downtownendodontics.com](http://www.downtownendodontics.com)

[dtla.endo@gmail.com](mailto:dtla.endo@gmail.com)

## REFERRAL

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Tooth/Teeth and/or Areas to be Evaluated: \_\_\_\_\_

Special Instructions:

- Post Space       Core Buildup (w/ Post if Req.)
- Telephone Report Required       After Consult       After Treatment

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE SEND MORE REFERRAL CARDS