

endodonti **C**pecialist

559.322.2054

Christopher Sabourin

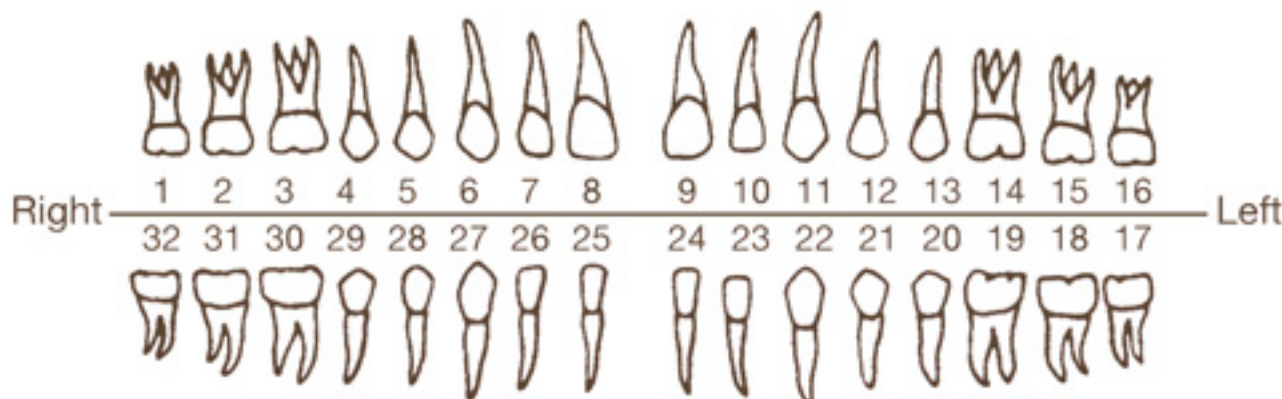
DDS, MS, MSD, INC.

Date: _____

Mr/Ms: _____ DOB: _____

Home Phone # _____ Cell Phone # _____

Referred Courteously by Dr. _____



Evaluation Only _____ Root Canal _____ Retreatment / Apical Surgery _____

Post Space _____ Post / Core _____ Sedation _____

Medical Issue / Allergies / Recent Surgeries / Pregnant _____

Please **FAX** completed referral to **559.322.2056**

Please **EMAIL** all x-rays to **info@clovisendo.com**

Insurance _____ Phone # _____

Name _____ DOB _____

SSN _____

Group # _____ Local # _____

Appointment Date _____ Appointment Time _____

Comments: _____

Clovis

1829 Shaw Avenue, Suite 104
Clovis, California 93611

Fresno

7750 N. Fresno Street, Suite 105
Fresno, California 93720

*This can be electronically filled out at **clovisendo.com** and sent via web*

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DDS, MS, MSD, INC.

Dear Patient,
Welcome to our practice!

- If you have recent X-rays of the teeth to be treated, please bring them from your dentist's office. We will usually need to take an additional X-ray for comparison.
- Minors must be accompanied by a parent or a guardian at the first appointment.
- Fees are due day of service.
- **2 business days notice for cancellation is required to avoid a \$100 fee.**

Clovis

1829 Shaw Avenue, Suite 104
Clovis, California 93611

Directions:

Turn north off of Shaw Ave. onto Fowler Ave. Turn right into complex parking lot. We are located on opposite side of Fowler Ave. from Jefferson Elementary School.

559.322.2054 ph
559.322.2056 fx
www.clovisendo.com



Fresno

7750 N. Fresno Street, Suite 105
Fresno, California 93720

Directions:

Heading north on CA-99
Take CA-41 N exit toward Yosemite. Take the Herndon Ave exit & turn right. Then take 1st left onto N Fresno St. We will be on your right.

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