

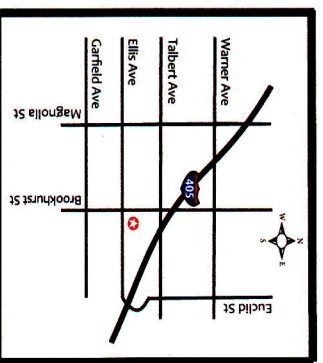
## REFERRAL NOTES:

### OFFICE ADDRESS:

Valley Gardens Center \* OC Professional Center  
18426 Brookhurst St. #203 \* Fountain Valley, CA 92708  
T 714-962-ENDO (3636) \* F 714-962-3613

### DIRECTIONS:

Our office is located on Brookhurst Street, between Talbert Ave and Ellis Ave. We are in the Valley Gardens Center, in the same plaza as COCO's and MANDARIN restaurants. Please look for our building towards the back of the center, next to MONTESORI.



### NOTES TO PATIENT:

1. Online registration is available. Please call our office to schedule an appointment and to obtain an online registration username and password.
2. In order to help us better serve all of our patients, please contact us 48 hours in advance if you are unable to keep your appointment.



**SHARON LU DDS, INC.**  
PRACTICE LIMITED TO ENDODONTICS

Valley Gardens Center \* OC Professional Center  
18426 Brookhurst St. #203 \* Fountain Valley, CA 92708  
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[www.luendo.com](http://www.luendo.com)

### ABOUT DR. LU

Dr. Sharon Lu is a board eligible endodontist specializing in Root Canal Treatment for both children and adults. Dr. Lu completed her clinical endodontic training and advanced general practice residency (GPR) at Veteran Affairs Medical Center in Long Beach, and received her doctor of Dental Medicine degree from the University of California of Los Angeles (UCLA) School of Dentistry.

### OUR MISSION

TO PERFORM THE FINEST QUALITY ENDODONTIC CARE AVAILABLE IN A COMFORTABLE AND COURTEOUS ATMOSPHERE

Our office is committed to excellence

Our promise is to provide patients with personal care that will meet their unique dental needs. Emphasis is placed on educating patients regarding the choices of treatment, probable cost, and expected outcomes.

### A MESSAGE FROM DR. LU

It is my pleasure to personally welcome you to Lu Endodontics, where we value your health and take great pride in providing the highest quality root canal treatments. I look forward to meeting you and helping you relieve dental pain and preserve your natural teeth for a lifetime. I invite you to visit [www.luendo.com](http://www.luendo.com) to learn more about our practice.

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## LU ENDODONTICS

### ROOT CANAL SPECIALISTS

Introducing: \_\_\_\_\_

Referred by Doctor: \_\_\_\_\_

Dr. Phone #: \_\_\_\_\_

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

Tooth in Question: \_\_\_\_\_

### YOUR APPOINTMENT

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

Time: \_\_\_\_\_

Right 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  
Left

PLEASE PERFORM THE FOLLOWING:

DENTAL HISTORY:

- |  |  |
|--|--|
| <input type="checkbox"/> Consultation & Diagnosis Only     | <input type="checkbox"/> Pain                          |
| <input type="checkbox"/> Consultation & Treat as necessary | <input type="checkbox"/> Pulp Exposure                 |
| <input type="checkbox"/> RCT needed for proper restoration | <input type="checkbox"/> Apical Radiolucency           |
| <input type="checkbox"/> Prepare post space                | <input type="checkbox"/> Trauma/Fracture               |
| <input type="checkbox"/> Place post/core buildup           | <input type="checkbox"/> Previous Endodontic Treatment |
| <input type="checkbox"/> Please call following exam        | <input type="checkbox"/> New Crown to be made          |
| <input type="checkbox"/> Email Final Report: _____         | Other: _____   |