



Maria J. Fournier, D.D.S., M.S., LTD
Practice Limited to Endodontics

3275 North Arlington Heights Road • Suite 407 • Arlington Heights, IL 60004 • 847.255.3374 • Fax: 847.255.3678

Patient's Name: _____ Date: _____

Referring Dr. _____ Phone: _____

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

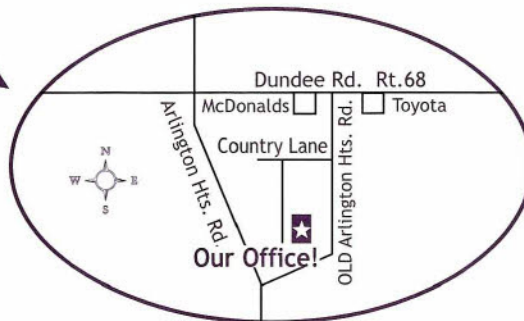
RIGHT

LEFT

⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟

Post Space: YES NO

Remarks: _____



**3275 N. Arlington Heights Road
Suite 407
847.255.3374**

DIRECTIONS

- From the intersection of Arlington Hts. Rd. and Dundee (68),
- Go EAST to Old Arlington Hts. Rd.
- Just west of Toyota Dealer - turn right, SOUTH.
- Go to Country Lane, turn right, WEST.
- First chance to turn left, look for sign for Signature Square North. (Building 3275)
- Turn to the left of sign into the parking area.
- Last building on the left is ours: #407.

PATIENT INSTRUCTIONS

1. Please bring this referral slip and any x-rays with you on the day of your appointment.
2. Please provide us with a list of any prescription medications you are taking at the time of your appointment.
3. If you are taking blood thinners, steroids, have mitral valve prolapse, any heart condition, or have had a heart valve replacement or joint replacement surgery, please contact us PRIOR to your appointment for special instructions.
4. Minors (17 years old and under) MUST be accompanied by a parent or legal guardian.