



## ENDODONTICS

**Dr. Eman Moradi**

*Certified Specialist*

**DATE OF REFERRAL:**

**PATIENT NAME:**

**PATIENT PHONE #:**

**PATIENT EMAIL:**

**REFERRED BY DR.:**

**DR. PHONE #:**

**TOOTH/AREA OF CONCERN**

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

**REFERRAL REQUEST**

- Consult only
- Consult and treat
- Prophylactic root canal treatment
- Endodontic Surgery
- Trauma

**TOOTH STATUS**

- Previously treated
- Patient has pain
- Root canal treatment started
- Tooth has restoration cemented
  - Temporarily
  - Permanently

**TREATMENT REQUESTS**

- Please leave post space
- Please restore the access
  - Temporarily
  - Permanently

**IMAGES**

- X-rays
- Photos
- Emailed
- Mailed
- Available
- Not available, take as needed



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