OAKMONT

ENDODONTICS

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Narbeh Bandary, DDS

Deema Saad, DDS, MS

Kanika Sharma, DMD

Introducing ________________________________

Referring Dr. ________________________________

Referral Date __________ Tooth # / Area _________

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

History

- ☐ Pain
- ☐ Caries
- ☐ Trauma
- ☐ Fracture / Crack
- ☐ New Restoration
- ☐ Pulp Exposure
- ☐ Asymptomatic
- ☐ Other ___________

Treatment Request

- ☐ Consult Only
- ☐ Initial RCT
- ☐ Retreatment
- ☐ Apicoectomy
- ☐ Other ___________

Restoration

- ☐ Temporary
- ☐ Core Build-up
- ☐ Post Space

Instructions / Comments

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