ROOT ENDODONTICS

MICROSURGICAL & ENDODONTIC SPECIALISTS

ELENAZ SARSHAR, D.D.S.

ADVANCED TECHNOLOGY. GENTLE CARE.
EXCEPTIONAL OUTCOMES.

Patient Name _____ Date _____

Phone _____ Referring Doctor _____

Date of Birth _____ Office Phone _____

TOOTH NUMBER(S)

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

Other / All Teeth _____

CLINICAL NOTES / FINDINGS

_____

_____

_____

REASON FOR REFERRAL

- ☐ Consultation Only
- ☐ Root Canal Therapy
- ☐ Endodontic Retreatment
- ☐ Cracked Tooth Evaluation
- ☐ Resorption Evaluation (Internal / External)
- ☐ CBCT Evaluation
- ☐ Dental Trauma
- ☐ Micro Endodontic Surgery
- ☐ Other _____

SPECIAL REQUESTS

- ☐ Leave Post Space
- ☐ Restore Access
- ☐ Oral Sedation / Nitrous Oxide
- ☐ Other _____

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FIND US HERE
Scan for our location and directions.

THANK YOU FOR TRUSTING US WITH YOUR PATIENT'S CARE.