

Ramin Noghreian, D.D.S., Inc.

Nooshin Noghreian, D.D.S., M.S., APC

Diplomates of the American Board of Endodontics

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Date _____

Introducing _____

for endodontic consideration.

Referred by Dr. _____

Tooth:

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:

- Patient is new to practice
- Trauma
- Pain
- Pulp was exposed. Pulp was (___vital or ___non vital)
- Swelling
- Restoration completed _____
- Fracture
- Final impression taken _____
- New restoration to be done

TREATMENT IN OFFICE TO DATE:

- Rx antibiotic _____
- Rx Analgesic _____
- Endodontic treatment started

PLEASE EVALUATE AND TREAT AS NEEDED:

- Vague toothache/ Assist with diagnosis
- Intentional Endodontics for proper restoration
- Possible endo/perio lesion

RESTORATION

- Post Build Up
- Post Space
- Place cotton and cavit
- Place Permanent Restoration

ADDITIONAL INFORMATION:

- ** Patient is required to Premedicate**
- Antibiotic: _____
- Please call when patient is in the chair
- Please call after evaluation/treatment

Remarks _____

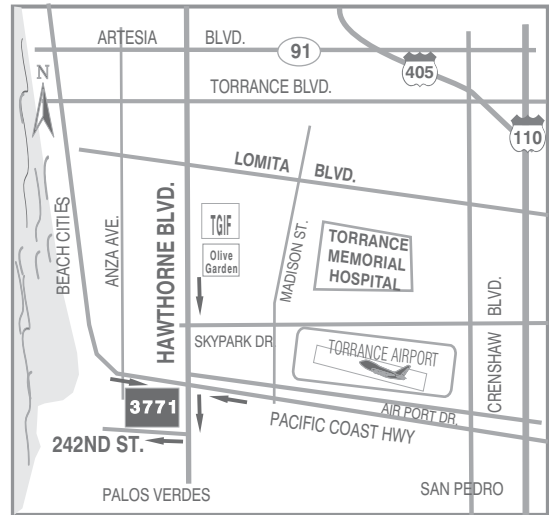
APPOINTMENT SCHEDULED FOR:

Day _____ Date _____ Time _____

BC-14 - Feb. 2011

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Our Office Location



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