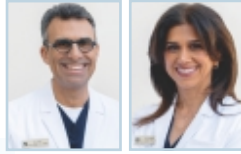




**SOUTH BAY
ENDODONTICS**



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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 Website: www.southbayendo.com

Tel (310) 375-1200
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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:

- Pain
- Swelling
- Fracture
- New restoration to be done
- Patient is new to practice
- Trauma
- Pulp was exposed. Pulp was (____vital or____non vital)
- Restoration completed_____
- Final impression taken_____

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
- Place cotton and cavit
- Post Space
- 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 _____

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