SIERRA DENTAL

ENDODONTICS

☐ **Dr. Kiarash Shabehpour**
DDS, DMD, MSc, Dip. Endo, FRCDC
Certified Specialist in Endodontics

☐ **Dr. Adriana Hernandez H.**
BDS, FRCDC
Certified Specialist in Endodontics

☐ Endodontist with the first available appointment

Patient's Name | Date

Email Address | DOB

Home Phone | Work | Cell

Medical Alerts / Allergies / Concerns

Referring Dentist

Name | Clinic

Phone | Fax | Email

Radiographs attached ☐ Panoramic ☐ CBCT ☐ BWs ☐ PA

***CBCT is not necessary, and will be repeated at our office if required**

Tooth/Teeth to be evaluated

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

Reason for Referral

☐ Consultation Only

☐ Consultation and Endodontic Treatment

☐ Instrument Separation and/or Perforation

Restorative Instructions

☐ Place Cavit/IRM/NE temp in access only ☐ Leave post space

☐ Place final restoration in access cavity ☐ Place post and core build up

☐ Do not place orifice barrier

☐ Crown/Bridge is cemented ☐ Temporarily ☐ Permanently

In the event that the tooth cannot be saved, please indicate if you wish to have the tooth extracted at our office ☐ YES ☐ NO

Additional Comments/Requests

Thank you for the confidence of your referral.

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