



Lilley Gharavi, DMD
Board-Certified Endodontist

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Please bring this referral slip to your appointment.

Patient Name _____ Patient Phone _____

Referring Doctor _____ Doctor Phone _____

Today's Date _____ Appt. Date _____ Time _____

Reason for Referral:

- | | | |
|--|--|-----------------------------|
| ☐ Consultation Only | ☐ Resorption | ☐ CBCT |
| ☐ Root Canal Treatment | ☐ Trauma | ☐ Other |
| ☐ Retreatment | ☐ Internal Bleaching | |
| ☐ Endodontic Surgery | ☐ RCT for Restorative Purposes | |

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	32	31	30	29	28	27	26	25									24	23	22	21	20	19	18	17	

History:

- | | | |
|--|--|--|
| ☐ Patient in pain | ☐ Recent crown/restoration | ☐ Calcified canals |
| ☐ Pulp was exposed | ☐ Fracture suspected | ☐ Dental anxiety |
| ☐ Previously initiated | ☐ Questionable restorability | |

Restorative Request:

- | | | |
|---|--|--|
| ☐ Temporary restoration | ☐ Restore Access/Crown | ☐ Leave post space |
| ☐ Place Core Build-Up | ☐ Place Post & Core Build-Up | |

Restorative Plan:

- | | | |
|---|---|---|
| ☐ Placing new crown | ☐ Keep existing crown | ☐ Final restoration |
|---|---|---|

Remarks: _____





Please bring this referral, a current medication list, and your dental insurance information to your appointment.

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Do not take any pain medication before your consultation appointment.

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Contact our office for instructions on how to complete your registration and medical history prior to your appointment.

