



SOUTH BAY ENDODONTICS

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

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Diplomates of the American Board of Endodontics

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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 _____

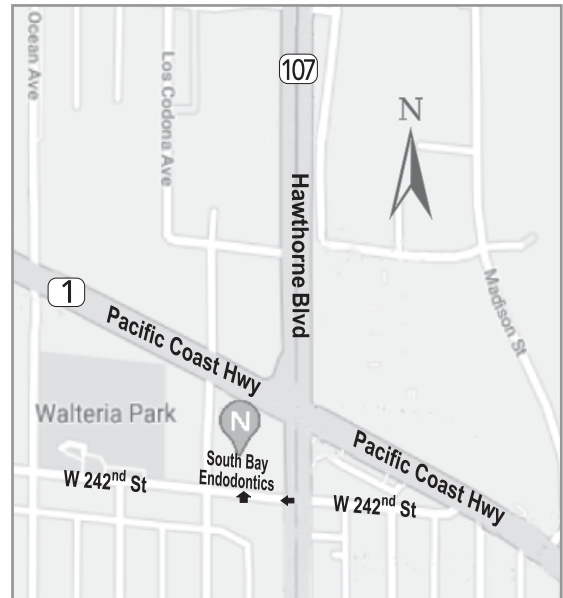
APPOINTMENT SCHEDULED FOR:

Day _____ Date _____ Time _____

BC-14 - Sept. 2021

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Our Office Location



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