Elham Shadmehr, D.D.S., M.S.
Endodontist

Embarcadero Dentistry

Two Embarcadero Center, Promenade Level
San Francisco, CA 94111
(415) 398-4400
www.embarcaderodentistry,com

Endodontic Referral Form

Patient Name ____

Referring Dentist ____

Tooth # or Area ____

Status of the Tooth (circle)

Normal(Intentional RCT) / Deep Caries / Pulp Exposure

Symptomatic / Pulpotomy / pulpectomy / Radiolucency

Previous RCT / Fracture

If symptomatic, describe (circle) : Cold Hot Perc Palp

Management, Medical or Treatment concerns? : ____________________

____

Procedures Requested (circle)

Non-surgical RCT / Build up / Post space / Post and build up

Extract (if not restorable) / Apicoectomy

Restorative plan : ___ Full coronal coverage

___ Other ________________________________