

# Elham Shadmehr, D.D.S., M.S.

## Endodontist

### *Embarcadero Dentistry*

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## Endodontic Referral Form

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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? : \_\_\_\_\_

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### 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 \_\_\_\_\_