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One Visit Endodontics

Introducing: _____ Referred by: _____ Date: ____/____/____

Tooth #: _____

Consultation & Tx
 Root Canal Therapy
 Restorative RCT
 3D CBCT Imaging
 Consultation Only
 Retreatment
 Surgical RCT/Apico

Comments:

Existing Restoration:

- Recent crown/restoration
- Permanent crown temp cemented
- Temp crown/restoration

Restorative Request:

- Post space
- Core Build-Up
- No orifice barrier

Patient Section:

Dear patient,
Please call/text to setup your appointment:

Day: _____ Date: _____

Time: _____ Co-pay: _____

Bring With You:

1. This referral slip
2. Photo ID
3. Insurance card
4. Medication list

