CHINOOK DENTAL GROUP

PERIODONTICS ENDODONTICS PROSTHODONTICS

Dr. Kiarash Shabehpour
DDS, DMD, MSc, Dip. Endo, FRCD(C)
Certified Specialist in Endodontics

Patient's Name		Date
Email Address		DOB
Home Phone	Work	Cell
Medical Alerts / Allergies / Concerns		

Referring Dentist

Name		Clinic	
Phone	Fax		Email

Radiographs attached ☐ Panoramic ☐ CBCT ☐ BWs ☐ PA

***CBCT is not necessary, and will be repeated at our office if required**

Tooth/Teeth to be evaluated	18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
	48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

Reason for Referral

☐ Consultation Only

☐ Consultation and Endodontic Treatment

☐ Instrument Separation and/or Perforation

Restorative Instructions

☐ Place Cavit/IRM/NE temp in access only ☐ Leave post space

☐ Place final restoration in access cavity ☐ Place post and core build up

☐ Do not place orifice barrier

☐ Crown/Bridge is cemented ☐ Temporarily ☐ Permanently

In the event that the tooth cannot be saved, please indicate if you wish to have the tooth extracted at our office ☐ YES ☐ NO

Additional Comments/Special Instructions

Thank you for the confidence of your referral.

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