



# CHESAPEAKE DENTAL SPECIALISTS

Farzad Koosha, DDS, PhD  
Endodontist

Date: \_\_\_\_\_ Appointment: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

## PATIENT IS BEING REFERRED FOR THE FOLLOWING:

### Referred for Endodontic Therapy

Tooth # \_\_\_\_\_

- Root Canal Therapy
- Re-Treat Root Canal Therapy
- Prophylactic
- Post Removal
- Evaluation/Consultation
- Post Space

## PLEASE CIRCLE TEETH TO BE TREATED

																	UPPER																																	
																	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16																	
R																																	L																	
																	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17																	
																	LOWER																																	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Date: \_\_\_\_\_ Time: \_\_\_\_\_

When treatment is complete, please  Restore access opening as needed

Place temporary restoration  Prepare post space  Place post/buildup as needed

*If you are unable to keep this appointment, kindly give 24 hours notice.*

### CHESAPEAKE DENTAL SPECIALISTS

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