Keivan Zoufan
DDS, MDS

Diplomate, American Board of Endodontics

Date: _____

Patient's Name: _____

Patient's Phone: _____

Referring Doctor: _____

Tooth to be evaluated:

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

Reason for Referral:

- ☐ Evaluate
- ☐ Evaluate/Treat as needed
- ☐ Evaluate for endodontic surgery
- ☐ Definitive RCT needed
  - ☐ Pulp exposure
  - ☐ Proper restoration
  - ☐ Periapical lucency

Imaging:

- ☐ Panoramic Radiograph Only
- ☐ CBCT Scan Only
  - ☐ 4x4 cm (Limited)
  - ☐ 10x8 cm (Full arch)
- ☐ CBCT Scan and Consultation

Restorative Instructions:

- ☐ Place Fiberpost and Build-up
- ☐ Place Resin Core Build-up
- ☐ Leave post space
- ☐ Place Sponge and Cavit

Miscellaneous:

- ☐ Call me about this case
- ☐ Radiologist Report ($99.00)
- ☐ Please provide a copy of the scan on CD

Special Instructions:

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LOCATION

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