



## Dr. Ron Malakpour

Endodontist

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Tel: (520) 333-3492

www.rootcanal-specialists.com

Patient name: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Tooth # \_\_\_\_\_ Appt date \_\_\_\_\_ Time \_\_\_\_\_

### Reason for Referral:

- ☐ Consultation only
- ☐ Consult + Endodontic therapy
- ☐ Consult + Retreatment
- ☐ Consult + Apicoectomy
- ☐ RCT required for restoration

### Pertinent history:

- ☐ Previous root canal
- ☐ Pain and/or swelling
- ☐ Radiographic lesion
- ☐ Pulp exposure

### Radiographs:

- ☐ Sent by email/mail
- ☐ Given to patient
- ☐ Take at consult

CBCT: ☐ Tooth # \_\_\_\_\_ (focused-field)

☐ Maxillary arch

☐ Mandibular arch

### Restorative Instructions:

- ☐ Place post and build-up
- ☐ Place build-up
- ☐ Leave post space
- ☐ Place temporary restoration

### Treatment performed:

- ☐ Root canal initiated
- ☐ Recent restoration
- ☐ Antibiotics prescribed
- ☐ Pain medication prescribed

### Sedation:

- ☐ Nitrous oxide
- ☐ Oral anxiolytic sedatives

☐ Panorograph only

Comments

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