



FALLSGROVE ENDODONTICS

Ali Behnia, DMD, MS, FACD

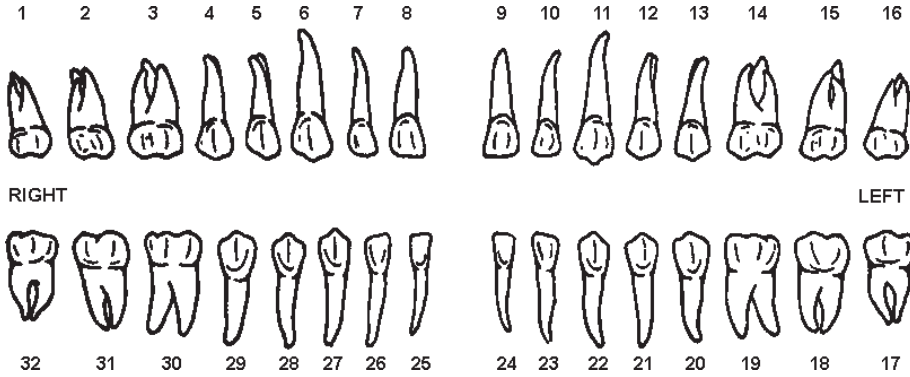
Practice Limited to Endodontics

15005 Shady Grove Road, Suite 210

Rockville, MD 20850

(301) 340-9494 • (301) 340-9348 Fax

www.fallsgroveendo.com



Patient _____ Date _____

Referred By _____

- Consultation only and call me
 - Patient has pain, swelling, or sensitivity
 - Endodontics necessary for restoration
 - Evaluate for endodontic retreatment
 - Evaluate for endodontic surgery (Apicoectomy)
 - Pulpotomy / pulpectomy was performed
 - Pulp was exposed (vital / nonvital)
 - Radiolucency present
- Post space desired? Yes No
- Premedication required? Yes No

Remarks _____

- Please check this box if you need more referral pads

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