SARMAD M. ALYAS-ASKAR, DDS, MSD
Diplomate, American Board of Endodontics
CAROLIN F. IBRAHIM, DDS, MSD
P 734.767.2067
F 734.767.2068
E woodhaven@everestendo.com

EVEREST ENDODONTICS

22601 Allen Rd. | Suite 400 | Woodhaven, MI 48183

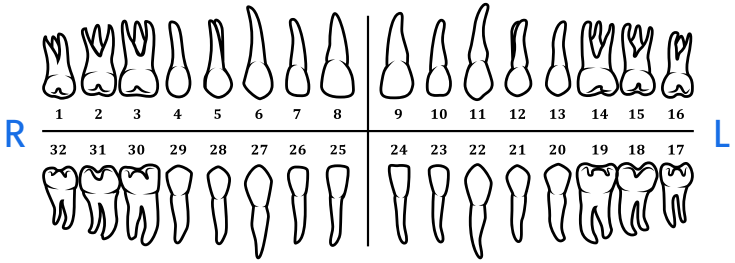
Referral Date _____

Introducing Patient _____

Appointment Date & Time _____

The patient is being referred for

☐ Evaluation & treatment ☐ Consultation ☐ 3D CBCT Imaging



Current Status

☐ Patient has/had pain or swelling
☐ Pulp exposure
☐ Root canal treatment initiated
☐ Trauma date _____
☐ Periapical radiolucency
☐ Previous root canal therapy
☐ Suspecting cracked/fractured tooth
☐ RCT necessary for restorative

Upon treatment completion

☐ Temporize ☐ Prepare post space ☐ Restore as needed

Additional Comments _____

_____

Referring Doctor _____ Phone # _____

☐ Please call me prior to starting treatment

Bring this referral slip to your appointment. Do not take pain medications prior to your appointment.

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