



*Practice Limited to Endodontics*

**SAMI ALI, DDS., MS. Ed.** 

**Phone: 909.484.3000 • Fax: 909.484.3006**

**PATIENT INFORMATION:**

Welcome to our office. We pride ourselves in providing high quality endodontics, and our goal is to be an "extension" of your dentist's care.

On the back, you will find a map to our office.

We are looking forward to meeting you.

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

Home No. \_\_\_\_\_

Other No. \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Tooth No. \_\_\_\_\_

**Referral Request:**

- Endodontic Consult Only
- Endodontic Consult and Treat as Necessary
- Root Canal Therapy
- Retreatment of Previous Endo
- Root End Surgery
- Trauma/Resorption
- Please Call:  Before Consult  After Consult \_\_\_\_\_

**Existing Restoration:**

- Permanent Crown
- Perm Crown w/Temp Cement (Please Remove)
- Temporary
- Date Permanent Crown to be Placed: \_\_\_\_\_

**Requested Restoration:**

- Post Space
- Post & Build Up
- Post Only
- Temporary with Cotton
- Composite
- Other Instructions: \_\_\_\_\_

Additional Information and/or Treatment Plan for Tooth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT INFORMATION**

Minors must be accompanied by parent or guardian. For their safety, please do not bring small children to appointment.

Unless other arrangements are made, fees are due upon completion of treatment. Please bring your dental insurance card or insurance information:

Insurance Co. & Information: \_\_\_\_\_

\_\_\_\_\_



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