



*Practice Limited to Endodontics*

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**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3-D CBCT IMAGING**

Maxillary Arch

Mandibular Arch

Tooth # \_\_\_\_\_

Tooth # \_\_\_\_\_

Entire Arch

Entire Arch

Panorex



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