



*Practice Limited to Endodontics*  
**SAMI ALI, DDS., MS. Ed.** 

Rancho Phone: 909.484.3000 • Fax: 909.484.3006  
 Riverside Phone: 951.398.7900 • Fax: 951.398.7903

**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 maps to our offices. 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

☐ Tooth # \_\_\_\_\_

☐ Entire Arch

Mandibular Arch

☐ Tooth # \_\_\_\_\_

☐ Entire Arch

☐ Panorex



**10165 Foothill Blvd., Suite #21**  
**Rancho Cucamonga, CA 91730**  
**909.484.3000**



**18590 Van Buren Blvd., #2B**  
**Riverside, CA 92508**  
**951.398.7900**

