



# DMD ENDODONTICS & MICROSURGERY

**DR. EMAN MORADI**

Certified Specialist in Endodontics

**Willowbrook Dental Clinic**

426B 19705 Fraser Hwy

Langley, BC V3A 7E9

www.dmdendodontics.com

Tel: 604-533-0131

Fax: 604-533-1504

info@dmdendodontics.com

Date \_\_\_\_\_

Introducing \_\_\_\_\_

Patient phone # \_\_\_\_\_

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

Dr. phone # \_\_\_\_\_

Office Name \_\_\_\_\_

Appointment date \_\_\_\_\_

Appointment time \_\_\_\_\_

Dental Insurance: Yes  No 

Policy Holder Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MM/DD/YY

Insurance Co. Name / %: Group #: \_\_\_\_\_

ID/SIN #: \_\_\_\_\_

Dept. # \_\_\_\_\_

**Tooth/Area of concern**

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

**Tooth Status**

- Patient has vague pain, please evaluate
- Root canal treatment started, please complete
- Tooth has post
- Tooth has a fixed prosthesis
  - Temporarily cemented
  - Permanently cemented

**Referral Request**

- Consult only
- Consult and treat
- Patient needs emergency treatment
- Prophylactic root canal treatment required
- Retreatment
- Surgery
- Trauma
- CBCT XRAY

Tooth Numbers: \_\_\_\_\_

**Treatment Requests**

- Please leave post space
- Please restore the access
  - Temporary
  - Permanent

 **Please call me to discuss****Remarks:**


---



---

Please give one copy of this referral to your patient. Please send a copy to our fax at 604-533-1504 or email a scanned copy to info@dmdendodontics.com