



Specializing in Surgical and Non-surgical Endodontic Treatment and Management of Traumatic Dental Injuries

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Endodontist

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In case of endodontic emergencies, every effort will be made to see the patient on the same day.

PATIENT INFORMATION

Name: _____ DOB ___/___/___
FIRST MI LAST

Parent/guardian (if minor): _____ Telephone number: (____) _____ - _____
FIRST & LAST

Email: _____ Today's Date ___/___/___

REFERRING DOCTOR INFORMATION

Practice name: _____ Referring Dentist: _____

Practice location: _____

Phone: (____) _____ - _____ Email address: _____

PRE-TREATMENT CONSIDERATIONS

Does the patient require antibiotic premedication? [] Yes / [] No

Does the patient prefer sedation during treatment? [] Yes / [] No

If yes, please specify the level of sedation: [] inhalation sedation, [] oral sedation, [] IV sedation

TOOTH/TEETH SELECTION

Table with 16 columns (1-16) and 2 rows (Upper/Lower) for tooth selection. Includes 'R' and 'L' labels.

REQUESTED PROCEDURE(S)

- [] Consultation [] Endodontic microsurgical procedures (apicoectomy)
[] Root canal treatment [] Regenerative endodontic treatment (immature teeth)
[] Root canal retreatment [] Management of traumatic dental injuries
[] Post space needed [] Yes / [] No Preferred Canal: _____

PLEASE RESTORE WITH

Temporary filling material: _____ Spacer: [] Yes / [] No
Core build-up: [] Resin / [] GIC Intra-orifice barrier: [] Yes / [] No

ADDITIONAL INFORMATION

Intra-oral radiographs: [] emailed / [] sent with the referral / [] none

CBCT: [] sent with the referral / [] none

Comments: _____

Please Read This Important Information Before Your Appointment

Your first appointment will often be a consultation appointment to determine your specific treatment needs.

Please bring all medical and dental insurance information with you.

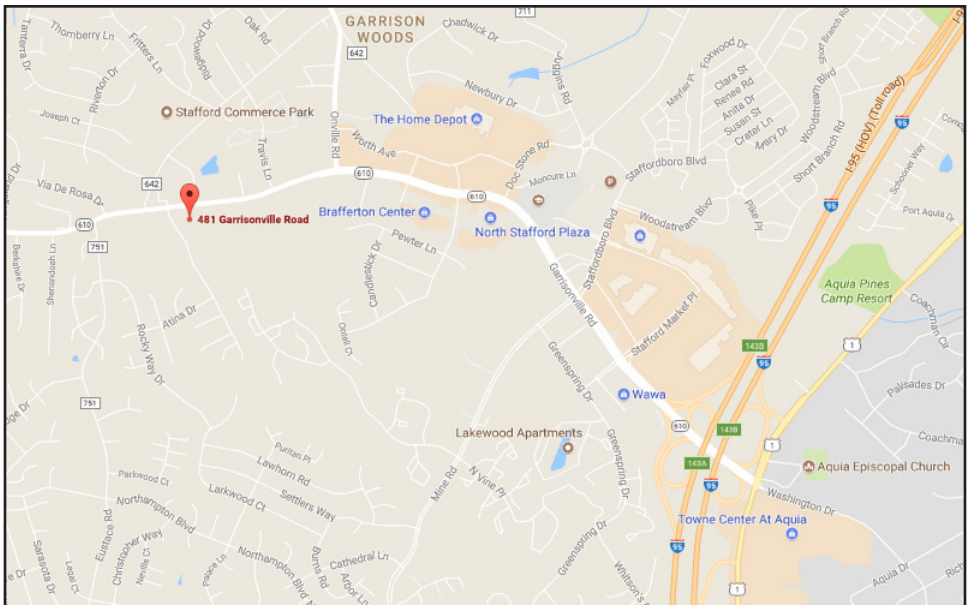
If you take any medications or prescriptions regularly, please bring a list of the medications and the dose and frequency of each.

A parent or legal guardian must accompany patients 17 years old or younger.

If you must change your appointment, we ask that you notify us 48 hours in advance as a courtesy to other patients.

If you have been given x-rays, please bring them along with this referral slip.

STAFFORD ORAL SURGERY & SPECIALISTS



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1.8 miles west of the intersection of Route 1 and Garrisonville Road.