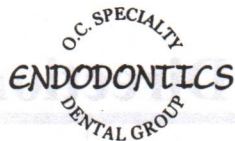


17881 Beach Blvd
Huntington Beach, CA 92647
Tel. (714)847-3513

www.ocspecialtyendo.com
Email: ffarsioendo@yahoo.com



Fariborz Farsio, D.D.S.
Practice Limited to Endodontics



Date ____/____/____ Introducing _____ Referred by Dr. _____

Please circle tooth or teeth for endodontics consideration

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- ☐ Consultation and Diagnosis
- ☐ Pulp was exposed (vital / non-vital)
- ☐ Radiolucency and / or pulpal involvement noted
- ☐ Patient has (had) pain / swelling or sensitivity
- ☐ Please evaluate and treat as necessary
- ☐ Endodontics necessary for proper restoration
- ☐ Final restoration

- ☐ Other findings or remarks _____
- ☐ _____
- ☐ _____
- ☐ Analgesic prescribed _____
- ☐ Antibiotic prescribed _____

Patient will be returned to referring doctor for final restoration.

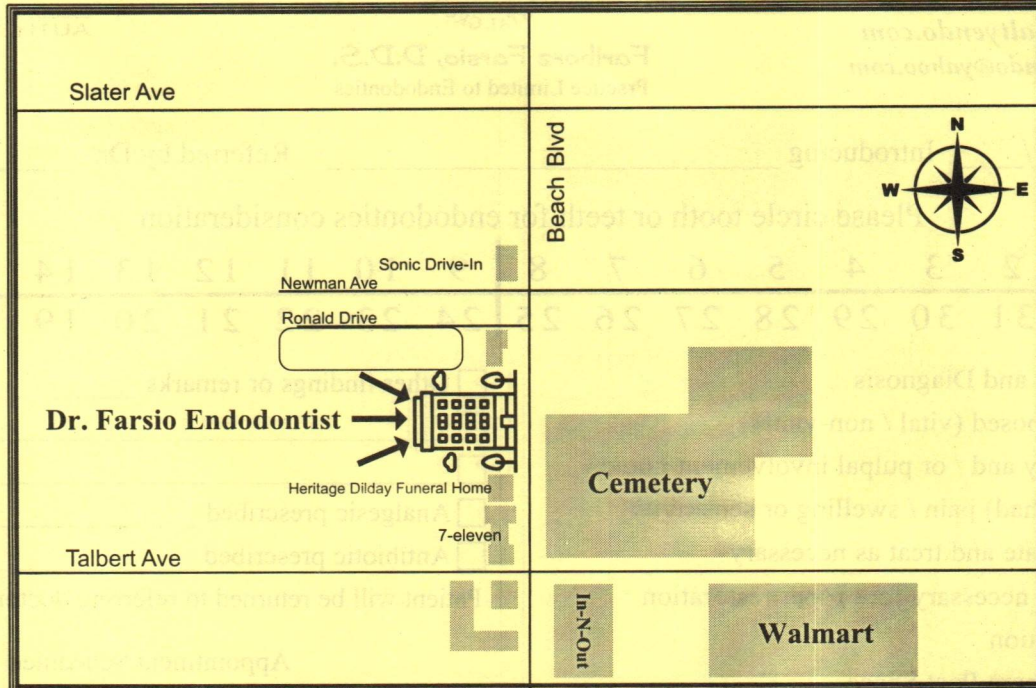
- ☐ Prepare Post Space
- ☐ Place Post and Build up

Appointment Scheduled For

Date _____ Time _____

Please do not take any pain medications prescribed by your dentist 6 hours before consult / exam.
Please arrive 15 minutes early to fill out paperwork

Directions



17881 Beach Blvd
Huntington Beach, CA 92647
Tel. (714)847-3513
ffarsioendo@yahoo.com