

GIG HARBOR
ENDODONTICS

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Gig Harbor, WA 98335

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PORT ORCHARD
ENDODONTICS

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Today's Date:

Patient Name:

Phone Number:

Tooth Number:

Date of Last Restoration on Tooth:

Referring Doctor:

Treatment Request:

- | | |
|------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Consultation/Treat as Necessary | <input type="checkbox"/> Apicoectomy |
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Internal Bleaching |
| <input type="checkbox"/> Retreatment | <input type="checkbox"/> CBCT Scan |
| <input type="checkbox"/> Please Call referring doctor prior to seeing this patient | |

Drugs Prescribed:

Comments:

Post-Op Care:

- | | |
|-----------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Restore Access by Endo Office | <input type="checkbox"/> New Crown/Bridge Planned |
| <input type="checkbox"/> Post /Core By Endo Office | <input type="checkbox"/> Post Space Only |
| <input type="checkbox"/> Return patient to Referring Office for Restoration | |

**Please Do Not Take any Anti-inflammatory or Pain Medication
Within 4 Hours of your Consultation Appointment!**

253-851-5544 Please Call to Schedule Your Appointment 360-443-2424