



— PUGET SOUND —
ENDODONTIC
— ASSOCIATES —

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Today's Date:

Patient Name:

Phone Number:

Tooth Number:

Date of Last Restoration on Tooth:

Referring Doctor:

Treatment Request:

- Consultation/Treat as Necessary
- Root Canal Treatment
- Retreatment
- Please Call referring doctor prior to seeing this patient
- Apicoectomy
- Internal Bleaching
- CBCT Scan

Drugs Prescribed:

Comments:

Post-Op Care:

- Restore Access by Endo Office
- Post/Core by Endo Office
- Return patient to Referring Office for Restoration
- New Crown/Bridge Planned
- Post Space Only

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

South Sound Endodontics

253-752-5511

Gig Harbor Endodontics

253-851-5544

Port Orchard Endodontics

360-443-2424

Silverdale Endodontics

360-228-7070

FAX: 253-752-4442

FAX: 360-443-2437