Chevy Chase **Endodontics, L.L.C.**

Eda Elbirlik, D.D.S. Pirooz Zia, B.D.S., M.Sc.D.

Treating doctor:

❑ **Eda Elbirlik, D.D.S.** ❑ **Pirooz Zia, B.D.S.,M.Sc.D.**

Patient:

Appointment:_____
Day Date Time

Endodontic evaluation/treatment of tooth #_____
is requested.

- ❑ **Endodontics necessary for proper restoration.**
- ❑ **Pulp was exposed and was vital.**
- ❑ **Suspect cracked tooth.**
- ❑ **X-ray revealed radiolucency/pulpal Involvement.**
- ❑ **Patient has pain, swelling or sensitivity.**
- ❑ **Possible combined perio/endo lesion.**
- ❑ **Restorative treatment planned:**_____

_____

- ❑ **Post space requested. Which canal?**

_____

Remarks:_____

_____

_____

Date: _____ **Dr.** _____

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