Nivine Y. El-Refai, BDS, DDS, MSD, Inc.

Practice Limited to Endodontics & Periradicular Surgery

3985 Medina Road, Suite 160, Medina, Ohio 44256
Phone 330-721-1350 Fax 330-721-4741

Patient's Name _____ Phone: _____

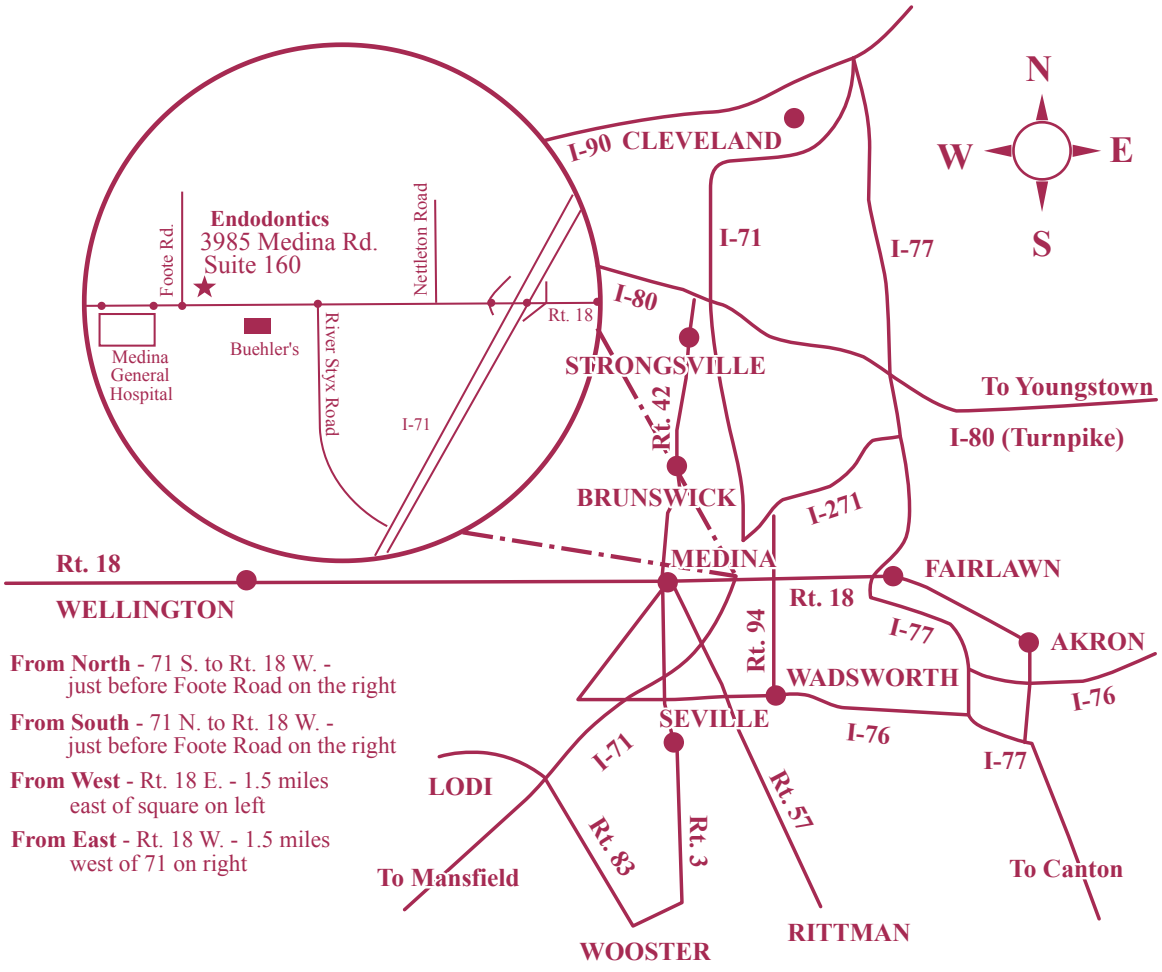
Referred By: _____ Appointment Date: _____

Remarks: _____

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

- ☐ Please evaluate and treat
- ☐ Patient has unlocalized pain
- ☐ Consultation only
- ☐ Please phone doctor
- ☐ Please restore access opening with: _____
- ☐ RCT for restorative purposes
- ☐ Restoration with post planned
- ☐ History of pulp exposure
- ☐ X-ray reveals radiolucency

Patient will be instructed to return to referring dentist for final restoration.



From North - 71 S. to Rt. 18 W. - just before Foote Road on the right

From South - 71 N. to Rt. 18 W. - just before Foote Road on the right

From West - Rt. 18 E. - 1.5 miles east of square on left

From East - Rt. 18 W. - 1.5 miles west of 71 on right