



Yass Dastmalchi, DDS

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Introducing: _____

Phone (H) _____ (W) _____

Referred by Dr. _____ Date: _____

Referring Dr.'s phone _____, e-mail _____

Tooth to be evaluated and/or treated:

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

Signs and Symptoms:

Please specify:

- Evaluate and treat accordingly
- Provide a post space
- Place prefabricated post and build up
- Build up
- Call to discuss before evaluation
- Call to discuss after evaluation
- Please advise us of any treatment plans for this tooth

- Please call patient to schedule
- Patient will call to schedule

Comments: