

Dr.	Mary G.	Dabuleanu
Dr.	Pooneh	Mohebbi

□ Dr. Payman Mehrvarzfar

\neg		<u> </u>		
	Dr.	Gevik	Malkhassia	r

DDS, MS Cert ENDO

DDS, MS, Cert ENDO

DDS, MS, Cert ENDO

DDS, MS, Cert ENDO

Endodontic Specialist

2 Finch Avenue West North York, ON, M2N 6L1 Tel: (416) 222-5055 Fax: (416) 222-9407 Email: tudab@rogers.com ww.dabuleanu-dental.com

														ogers.com dental.com
This is to introd	duce													
Referred by Dr														
The following a	appointme	nt has	bee	n ma	ade fo	r y	ou:							
Day		Date_						Tim	e_					
For endodontion	considera	ation (of the	foll	owing	to	oth	(tee	eth):				
1	8 7 6 S	5 4 ight								6	7	8	2	
4	8 7 6	5 4	3 2	1	່ 1	2	3	4	5	6	7	8	3	
Tentative diag	nosis													
□ Patient has	discomfort	/ pair	1 [Tra	aumat	ic iı	nju	ry						
□ Pulp expose	d and nec	rotic r	nater	ial p	reser	nt		Pu	lp	exp	oos	ed	and	bleeding
□ Tooth is ope	n for drain	age												
□ X-ray enclos	sed													
□ Antibiotic pre	escribed: _													
□ Analgesic pr	rescribed:													
Crown / Bridge														
Prepare post s	space □ ye	s/□	no											
□ Contact me	personally	befo	re / a	fter	seein	g pa	atie	ent						
COMMENTS:														
•														
Cianad Du							-				-			-

2 Finch Avenue West North York, ON, M2N 6L1

Tel: (416) 222-5055 Fax: (416) 222-9407

Email: tudab@rogers.com www.dabuleanu-dental.com

