

MASON BAHADOR D.D.S.
ENDODONTIST

Patient: _____

Patient phone number: _____

Referred by: _____

Referral date: _____

UPPER

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

LOWER

- Evaluation as needed
- Evaluation only/consult with Doctor before treatment
- Root canal treatment
- Retreatment RCT
- IV Sedation

Does the tooth have a crown ? Yes / No

- Provisional Permanent

Cemented temporarily or permanently? _____

Post space? Yes / No

CBCT Scan: Yes / No

Comments: _____

Appointment Day/Time: _____

North Location:

4380 Buckeye Ln. Ste 218 Beaver creek, Ohio 45440

DentalLoftBeavercreek@gmail.com

P: (937) 912-0101

South Location:

60 Remick Blvd. Springboro, Ohio 45066

dcdspringboro@outlook.com

P: (937) 350-5379