



Dr. Nima Dejbod DMD

Patient: _____ Date of Birth: _____

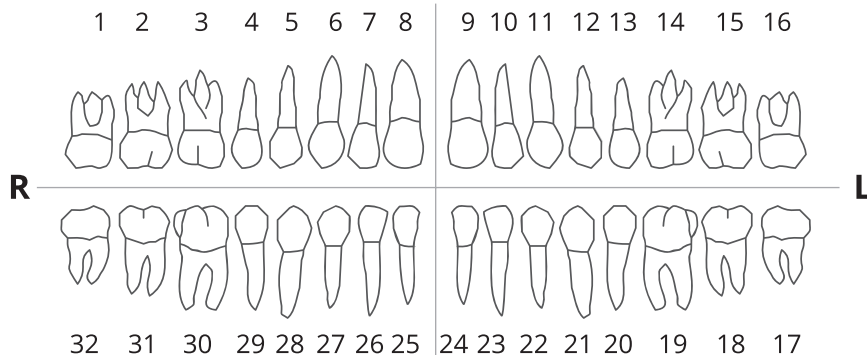
Patient's Phone: _____ Patient's Email: _____

Referring Doctor: _____ Today's Date: _____

600 NW Gilman Blvd, Suite A, Issaquah, WA 98027 | info@EvergreenEndo.com
Ph: (425) 697-9777 | Fax: (425) 697-9778 | www.EvergreenEndo.com

Reasons for Referral:

- ☐ Pain - Evaluate and Treat as necessary
- ☐ Radiographic Lesion
- ☐ Previous Endodontic Therapy
- Requires Retreatment or Apicoectomy
- ☐ Tooth has been opened
- ☐ Pulp Exposure
- ☐ Intentional endodontics necessary for retention of restoration
- ☐ 3D CT Imaging

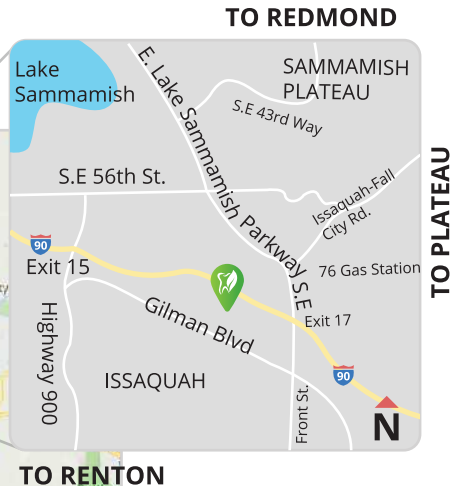


Upon Completion of Treatment:

- ☐ Temporary ☐ Composite ☐ Core Build-Up
- ☐ Create Post Space ☐ Glass Ionomer on Pulpal Floor

Comments and/or Dental Insurance Info:





FROM THE WEST

- Head east on I-90 E
- Take exit 17 for Front St toward East Lake Sammamish Parkway Southeast
- Turn right onto Front St N
- Turn right onto NW Gilman Blvd

FROM THE EAST

- Merge onto I-90 W.
- Take exit 17 for Front
- Turn left onto Front St N
- Turn right onto NW Gilman Blvd



600 NW Gilman Blvd, Suite A, Issaquah, WA 98027 | info@EvergreenEndo.com
 Ph: (425) 697-9777 | Fax: (425) 697-9778 | www.EvergreenEndo.com

