



Sara Shambayati, DDS
Practice Limited to Microscopic Endodontics



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703-992-7202 • www.me4rootcanals.com



etroEndo™
Metropolitan Endodontics

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Date

Appointment date & time

Patient's Name

Tooth Number or Area

Referred by Doctor

- Patient has discomfort. Please evaluate and treat as needed.
- Radiographic Findings present.
- Pulp was exposed.
- Tooth is opened for drainage.
- Consultation and diagnosis.
- Endodontic therapy for restorative purposes.
- Post space.
- Crown/Bridge is cemented: __ Temporarily __ Permanently
- CBCT: __ Mandible __ Maxilla

Comments:

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