

Navid Akbar D.M.D., M.S.D.

Diplomate, American Board of Endodontics

navid@WestCobbModernEndo.com



AUTHORIZED PROVIDER



One Visit, Gentle Wave Endodontics

Introducing: _____ Referred by: _____ Date: ____/____/____

Tooth #: _____

<input type="checkbox"/> Consultation & Tx	<input type="checkbox"/> Root Canal Therapy	<input type="checkbox"/> Restorative RCT	<input type="checkbox"/> 3D CBCT Imaging
<input type="checkbox"/> Consultation Only	<input type="checkbox"/> Retreatment	<input type="checkbox"/> Surgical RCT/Apico	

Comments:

Existing Restoration:

Restorative Request:

- | | |
|--|---|
| <input type="checkbox"/> Recent crown/restoration | <input type="checkbox"/> Post space |
| <input type="checkbox"/> Permanent crown temp cemented | <input type="checkbox"/> Core Build-Up |
| <input type="checkbox"/> Temp crown/restoration | <input type="checkbox"/> No orifice barrier |

Patient Section:

Located Behind Wellstar Cobb Hospital

Dear patient,

Please call/text to setup your appointment:

Day: _____ Date: _____

Time: _____ Co-pay: _____

BRING WITH YOU:
1. THIS REFERRAL SLIP
2. PHOTO ID
3. INSURANCE CARD
4. MEDICATION LIST



Google Map
Directions

