



DENTAL SPECIALISTS

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Boston, MA 02215

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Date: _____

Tooth #: _____

Introducing: _____

Referred by Dr. _____

Dental Office Name/Phone No./Email: _____

Dr. Mona Haghani, Endodontist

- Endodontic Exam/Consultation Only
- Emergency Endodontic Care
- Root Canal Therapy
- Root Canal Re-treatment
- Surgical Treatment (Apico)
- Internal Bleaching
- Post Removal
- Leave Post Space

Dr. Amir M Mahoozi, Periodontist

- Comprehensive Periodontal Evaluation
- Esthetic Recontouring of Anterior Gingiva
- Crown Lengthening
- Gingivectomy or Gingivoplasty
- Frenectomy
- Soft Tissue Grafting
- Biopsy
- Extraction
- Dental Implants
- Ridge Augmentation or Pre-Prosthetic Surgery

Remarks: _____

Remarks: _____

Radiographs: None Available Will Send

In addition, we kindly ask the referring office to send a copy of this slip and any relevant radiographs to our HIPPA compliant email info@ottrafforddental.com before giving this to the patient.

