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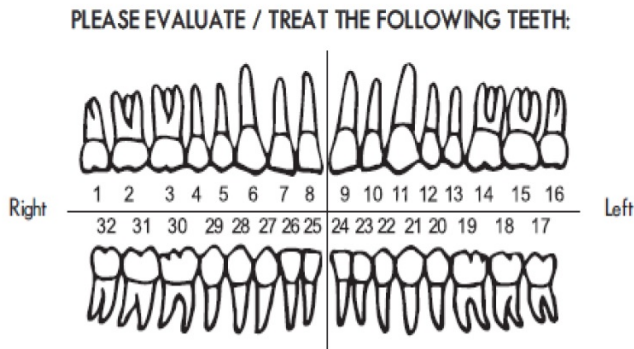
Date: _____

Introducing: _____

Referring Doctor: _____

Reason For Referral: _____

Endodontic Evaluation and Treatment:



- Root Canal Treatment
- Build Up
- Post Space
- Root Canal Retreatment
- Apicoectomy
- Root Amputation, Hemisection
- Post Space Only
- History of tooth and special instructions: _____

Periodontal, Implant Evaluation and Treatment

- Comprehensive Periodontal Exam and Treatment
- Crown Lengthening
- Soft Tissue Grafting / Recession
- Implant Exam and Treatment
- Other