



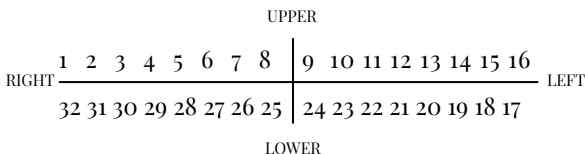
MASON BAHADOR D.D.S.

Patient: _____

Patient phone number: _____

Referred by: _____

Referral date: _____



- Evaluation as needed
- Evaluation only/consult with Doctor before treatment
- Root canal treatment
- Retreatment RCT

Does the tooth have a crown ? Yes / No

- Provisional Permanent

Cemented temporarily or permanently? _____

Post space? Yes / No

CBCT Scan: Yes / No

Comments: _____

Appointment Day/Time: _____

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