

Microscopic & Microsurgical Root Canal Treatment

Dr. Lyubov (Luba) Borukhova | Endodontist

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99 Hillside Ave, Ste W, Williston Park, NY 11596



Office: (516) 407-3207 Office: (516) 407-3208

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Referred by Dr.		CO		
Date:				
Referring Dr. Phone Number:				
Patient's Name:				
Patient's Phone: (H)	(C)			
Patient's Email:				
Tooth / Area of Concern				
1 2 3 4 5 6 7 8	9 10 11 12 13 14	15 16		
32 31 30 29 28 27 26 25	24 23 22 21 20 19	18 17		
Referral Request: Consultation only Is this a Re-	Post Space? Yes			
Consultation & Treatment Has RCT already been started? No				
If yes, When?				
A film is being: Patient has been put on: Emailed Antibiotics No film Pain Medication	If meds have been prescribed, please list:			
Level of Discomfort:				
None Moderate Cold Sensitive	Pressure sensitive	Facial swelling		
Mild Severe Heat sensitive	Throbbing pain			
Additional comments:				