Cobb Root Canals
Specializing In Endodontics

specialist member

www.cobbrootcanals.com

IN-NETWORK WITH ALL MAJOR PPO DENTAL INSURANCE PLANS

RAHUL SARAF, D.M.D.
2752-B Watts Drive
Kennesaw, GA 30144
Office: (770) 590-4884
info@cobbrootcanals.com
Fax: (770) 590-5213
After Hours Emergency:
(678) 640-5466

CHRISTINA KIM, D.D.S.
Providence Park
3535 Roswell Road, Suite 56
Marietta, GA 30062
Office: (678) 996-6949
marietta@cobbrootcanals.com
Fax: (470) 689-3976

CHRISTINA KIM, D.D.S.
76 Highland Pavilion Court
Suite 149
Hiram, GA 30141
Office: (678) 324-7434
hiram@cobbrootcanals.com
Fax: (470) 308-4938

Introducing _____

	Molars	*Premolars*	*Anterior*	*Premolars*	*Molars*	
R	1 2 3	4 5	6 7 8 9 10 11	12 13	14 15 16	**L**
	32 31 30	29 28	27 26 25 24 23 22	21 20	19 18 17	

Referring Doctor(s) _____ Front Desk _____

Appointment Date _____ Time _____

- ☐ Eval Only
- ☐ Eval & Root Canal Treatment if indicated
- ☐ Post Space
- ☐ Core Buildup
- ☐ Apicoectomy
- ☐ Apexification CA $(OH)_2$
- ☐ Retreatment
- ☐ Trauma
- ☐ Bleach

Discomfort ☐ None ☐ Slight ☐ Moderate ☐ Severe

Radiographs ☐ None ☐ Mailed ☐ With Patient

Comments _____

- See reverse for maps -

Patient Instructions

Please arrive 15 minutes prior to appointment time or visit our website to submit pertinent patient information.

What to bring to your appointment:

- THIS referral slip
- List of all medications including premedication
- Photo ID
- Insurance card with ID/Group #
- All x-rays from your referring dentist related to the teeth in question

PLEASE NOTE:

All fees and co-pays are due on the day of your appointment. A fee of $75 may be charged for cancellations made less than 24 hours before scheduled appointment time. All patients under the age 18 must be accompanied by parent or guardian.

SCAN ME