



Cobb Root Canals
Specializing in Endodontics



Specialist Member
American Association Of Endodontists

www.cobbrootcanals.com

RAHUL SARAF, D.M.D.

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Fax: (770) 590-5213

After Hours Emergency:
(678) 640-5466

**TAMEIKA WHEELER-HALL,
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After Hours Emergency:
(706) 389-8233

JAE HWANG, D.D.S

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Suite 149

Hiram, GA 30141

Office: 678-324-7434

hiram@cobbrootcanals.co

m Fax number: 470-308-4938

After Hours Emergency:
(470) 210-1877

Introducing _____

	Molars			Premolars		Anteriors						Premolars		Molars		
R	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
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Referring Doctor(s) _____ Front Desk _____

Appointment Date _____ Time _____

- | | |
|--|---|
| <input type="checkbox"/> Eval Only | <input type="checkbox"/> Apicoectomy |
| <input type="checkbox"/> Eval & Root Canal Treatment
if indicated | <input type="checkbox"/> Apexification Ca (OH) ₂ |
| <input type="checkbox"/> Post Space | <input type="checkbox"/> Retreatment |
| <input type="checkbox"/> Core Buildup | <input type="checkbox"/> Trauma |
| | <input type="checkbox"/> Bleach |

Discomfort None Slight Moderate Severe

Radiographs None Mailed With Patient

Comments _____

- See reverse for maps -



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Hiram, GA 30141
(678) 324-7434

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 age 18 must be accompanied by parent or guardian.