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PRACTICE LIMITED TO ENDODONTICS

4660 Kenmore Avenue, Suite 700
 Alexandria, VA 22304

TEL 703.370.1327 FAX 703.370.1907

Today's Date

Patient's Name

Appointment Date

Time

Referred by Dr.

- Please provide an evaluation only
- Please provide root canal therapy
- Please provide evaluation for possible apical surgery or retreatment
- Please call following the examination
- Please leave post space

Please Circle Tooth to be Treated

UPPER

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	

LOWER

Referred Due To:

- Pain
- Radiographic findings
- Carious pulp exposure
- Swelling / Sinus Tract
- Trauma

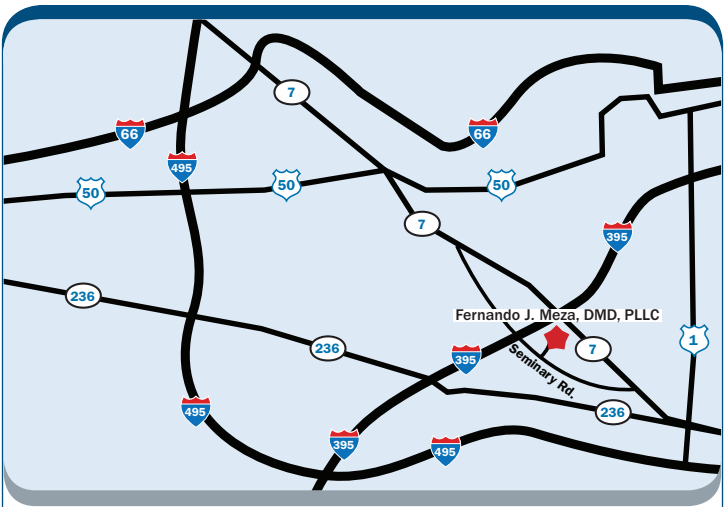
Status of Tooth:

- Previous completed root canal
- Root canal started but not finished
- Crown

_____ Permanently Cemented

_____ Temporarily Cemented

Remarks



Directions:

From Washington, DC:

Take 395 South, EXIT 4 Seminary Rd (ramp on Right)
Turn Left at traffic light onto Seminary Rd

From points West:

Take 66 East toward WASHINGTON
Merge onto I-495 S/CAPITAL BELTWAY via EXIT 64A toward Richmond
Merge onto I-395 N toward WASHINGTON
Take EXIT 4, Turn Right at traffic light onto Seminary Rd

From points South:

Take I-95 N
Take I-395 N toward WASHINGTON
Take EXIT 4, Turn Right at traffic light onto Seminary Rd

From RT-7 / Baileys Crossroads:

Turn Right at Carlin Springs Road
Turn Left at Seminary Road South,
Cross over I-395, building ahead on left

As a service to you, and for your convenience, we participate with several insurance carriers and will submit all necessary claim forms to assist you.

Patients under 18 years of age must be accompanied by a parent or guardian to give written consent for treatment.

If you are unable to keep your appointment, please give us the courtesy of 24 hours advance notice. Thank you for your consideration.

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