



DOMINION ENDODONTICS

DAVID PALMIERI, DMD, MS • FRANK R. PORTELL, DMD, MS

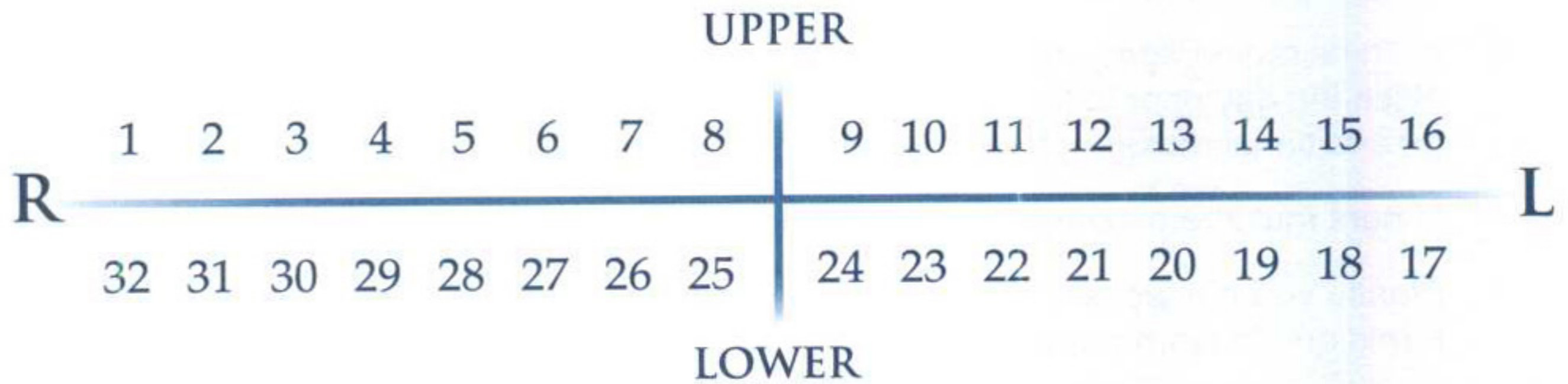


Today's Date _____

Patient's Name _____

Referred by Dr. _____

PLEASE MARK TEETH TO BE TREATED



- | | |
|--|--|
| <input type="checkbox"/> Root Canal Therapy
<input type="checkbox"/> Root Canal Retreatment
<input type="checkbox"/> Apicoectomy Surgery
<input type="checkbox"/> Radiographs Sent Electronically | <input type="checkbox"/> CT Scan
<input type="checkbox"/> Consultation
<input type="checkbox"/> Core Build-Up
<input type="checkbox"/> Post Space
♦ Parapost ♦ Flexipost ♦ Fiberpost |
|--|--|

ALEXANDRIA OFFICE TEL 703.836.0006 FAX 703.836.0009
 1650 KING ST, STE 300 - ALEXANDRIA, VA 22314

FALLS CHURCH OFFICE TEL 703.534.0330 FAX 703.534.0354
 7115 LEESBURG PIKE, STE 309 - FALLS CHURCH, VA 22043

WWW.DOMINIONENDODONTICS.COM
 EMAIL: INFO@DOMINIONENDODONTICS.COM

Please See Reverse Side for Patient Appointment Information

APPOINTMENT INFORMATION

MON

TUES

WED

THURS

FRI

DATE: _____ AT: _____ AM/PM

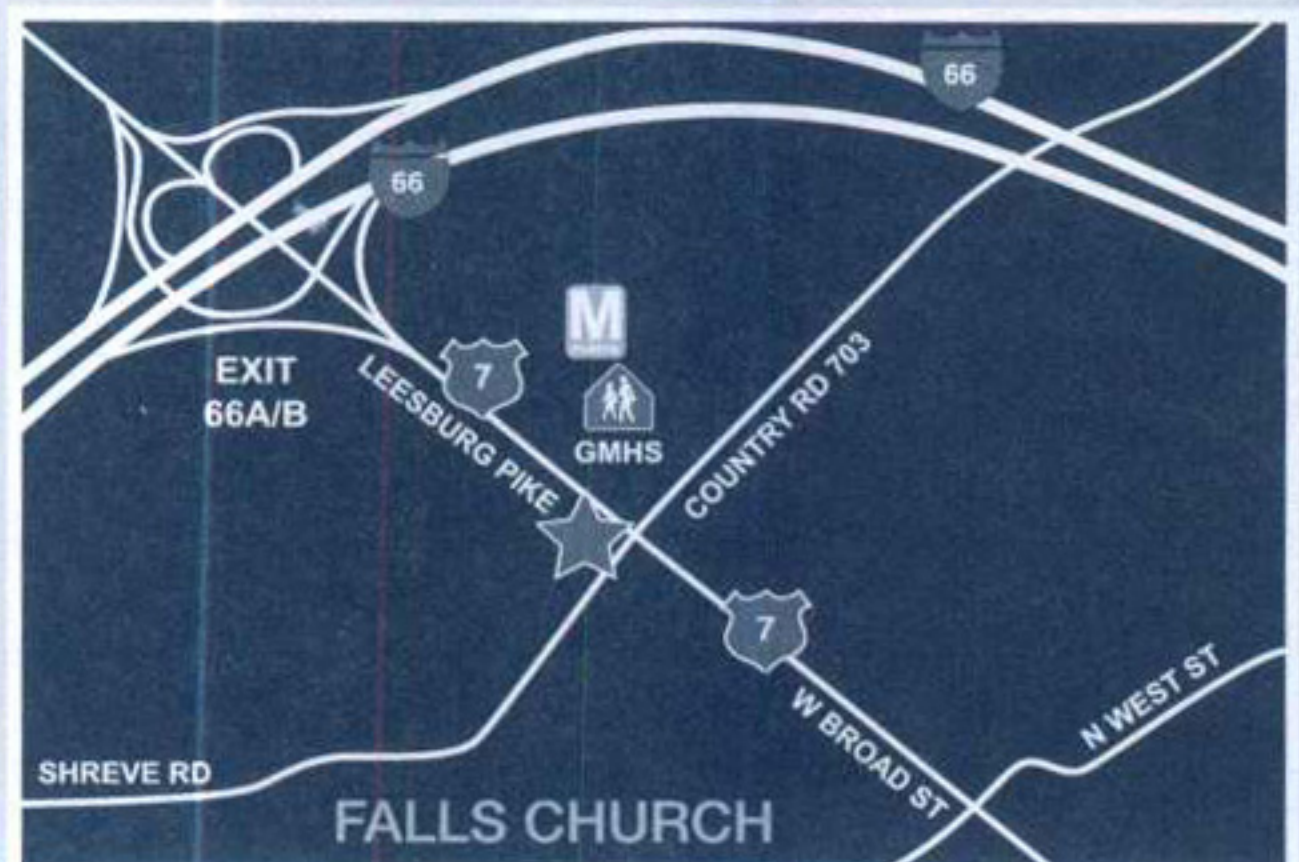
INSTRUCTIONS TO PATIENT

1. Please call **703.836.0006** (Alexandria Office) or **703.534.0330** (Falls Church Office) to schedule your appointment. Record your appointment information above.
2. Please bring this referral form with you to your appointment; it contains important information about your treatment.
3. Fees are payable at time of service.
4. If you have dental insurance, please bring your insurance claim form and/or card.
5. If digital radiographs are provided by your dentist, they must be received by our office the day prior to the appointment. This does not preclude the possible need for additional radiographs in our office.
6. Minors must be accompanied by parent or legal guardian during appointment.
7. Please visit our website at **WWW.DOMINIONENDODONTICS.COM** to complete forms and to learn more about endodontics and our specialty practice.

ALEXANDRIA OFFICE



FALLS CHURCH OFFICE



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