



# DOMINION ENDODONTICS

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ALEXANDRIA: 703.836.0006 | FALLS CHURCH: 703.534.0330 | ARLINGTON: 703.940.3070

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Referred by Dr: \_\_\_\_\_

Doctor Choice:  Dr. Palmieri  Dr. Schoenly  Dr. Portell  Dr. Leon-Guerrero  First Available

## PLEASE MARK TEETH TO BE TREATED

### UPPER

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

### LOWER

- |  |  |
|--|--|
| <input type="checkbox"/> Root Canal Therapy              | <input type="checkbox"/> CT Scan                           |
| <input type="checkbox"/> Root Canal Retreatment          | <input type="checkbox"/> Evaluation                        |
| <input type="checkbox"/> Apicoectomy Surgery             | <input type="checkbox"/> Core Build-Up                     |
| <input type="checkbox"/> Radiographs Sent Electronically | <input type="checkbox"/> Post Space (Para   Flexi   Fiber) |

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PLEASE SEE REVERSE SIDE FOR APPOINTMENT INFORMATION

# APPOINTMENT INFORMATION

MON                      TUES                      WED                      THURS                      FRI  
DATE: \_\_\_\_\_ AT: \_\_\_\_\_ AM / PM

1. Please bring this referral form with you to your appointment; it contains important information about your treatment.
2. Fees are payable at time of service.
3. If you have dental insurance, please bring your insurance card.
4. 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.
5. Minors must be accompanied by parent or legal guardian during appointment.
6. Please visit our website at [WWW.DOMINIONENDODONTICS.COM](http://WWW.DOMINIONENDODONTICS.COM) to complete forms and to learn more about our practice.

## ☐ ALEXANDRIA OFFICE

1650 KING STREET, SUITE 300  
ALEXANDRIA, VIRGINIA 22314  
703.836.0006



## ☐ FALLS CHURCH OFFICE

7115 LEESBURG PIKE, SUITE 309  
FALLS CHURCH, VIRGINIA 22043  
703.534.0330



## ☐ ARLINGTON OFFICE

4350 FAIRFAX DR., SUITE 160  
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