DOMINION ENDODONTICS

DAVID PALMIERI, D.M.D., M.S. | NATHAN SCHOENLY, D.D.S
FRANK PORTELL, D.M.D., M.S. | SANAM KHEIRIEH, D.D.S., M.S.
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. Kheirieh ☐ First Available

PLEASE MARK TEETH 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

☐ Root Canal Therapy

☐ Root Canal Retreatment

☐ Apicoectomy Surgery

☐ Radiographs Sent Electronically

☐ CT Scan

☐ Evaluation

☐ Core Build-Up

☐ Post Space (Para | Flexi | Fiber)

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PLEASE SEE REVERSE SIDE FOR APPOINTMENT INFORMATION

WWW.DOMINIONENDODONTICS.COM

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.

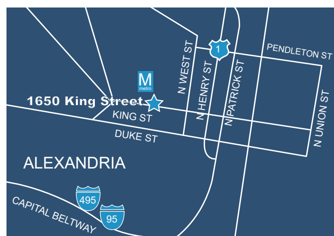
4. If digital radiographs are provided by your dentist, they must be received by our office the day prior to the appointment. This does not preclude the possible need for additional radiographs in our office.

5. Minors must be accompanied by parent or legal guardian during appointment.

6. Please visit our website at WWW.DOMINIONENDODONTICS.COM to complete forms and to learn more about our practice.

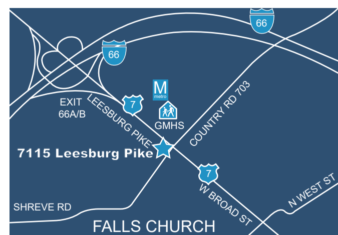
❒ Alexandria Office

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
Arlington, Virginia 22203
703.940.3070