



Matthew S. Detar DDS, MSD
*Diplomate, American Board
of Endodontics*

Frederick L. Canby DDS, MS
Specialist in Endodontics

Preeti Batra BDS, MSD
Specialist in Endodontics

DATE _____ / _____ / _____

PATIENT'S NAME _____

REFERRED BY DR. _____

Please mark teeth to be treated.

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	

TREATMENT REQUESTED

- Consultation
- Root Canal Therapy
- Root Canal Retreatment
- Apicoectomy
- CBCT
- Evaluation for Dental Trauma
- Post Space
- Other _____

PATIENT PRESENTS WITH

- Pain
- No Discomfort
- Swelling
- Other _____

COMMENTS _____

RADIOGRAPHS SENT ELECTRONICALLY Yes No

Please see reverse side for appointment information.

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APPOINTMENT INFORMATION

Monday Tuesday Wednesday Thursday Friday Saturday

Date ____/____/____ Time ____:____ AM / PM

SCAN TO VIEW AND GET DIRECTIONS ON GOOGLE MAPS

2 Cardinal Park Drive SE, Suite 106A | Leesburg, VA 20175



For more information, visit us online at LoudounEndo.com.