

# **Stafford Endodontics**

**M. S. Tolba, BDS, MS**  
*Practice Limited to Endodontics*

556 Garrisonville Road, Suite 200  
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**Fredericksburg, VA 22408**

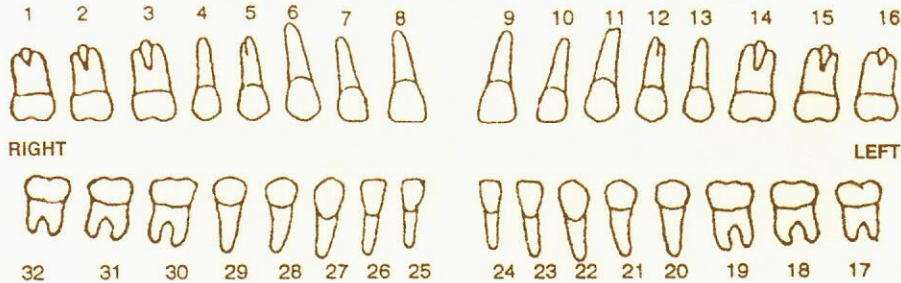
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Date \_\_\_\_\_

Introducing \_\_\_\_\_ Phone \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE EMAIL CURRENT AND DATED PA & BW WITH REFERRAL  
 TO THE ABOVE EMAIL ADDRESS AT TIME OF REFERRAL.**



Please Schedule For:

- Evaluation
- CBCT
- Endodontics Necessary - Initiate Root Canal Therapy
- Evaluate for Retreatment

Patient Requires Treatment Because:

- Patient has pain and / or sensitivity
- Patient has swelling
- Endodontics necessary for restoration
- Pulp was exposed (vital / nonvital)
- X-Ray Revealed Radiolucency
  - Is a post space desired?     Yes     No
  - Premedication required?     Yes     No

Comments \_\_\_\_\_

\_\_\_\_\_

Dear Patient: Please visit our website below for patient registration forms. Please bring completed forms to your appointment 15 minutes prior to appointment time.

[WWW.STAFFORDENDODONTICS.COM](http://WWW.STAFFORDENDODONTICS.COM)

THANK YOU