



Rashin T. Bidgoli, DMD, PC Mahshid Majlessi Koopaei, DMD, MSc

Practice Limited to Endodontics

21145 Whitfield Place, Suite 101 • Potomac Falls, VA 20165

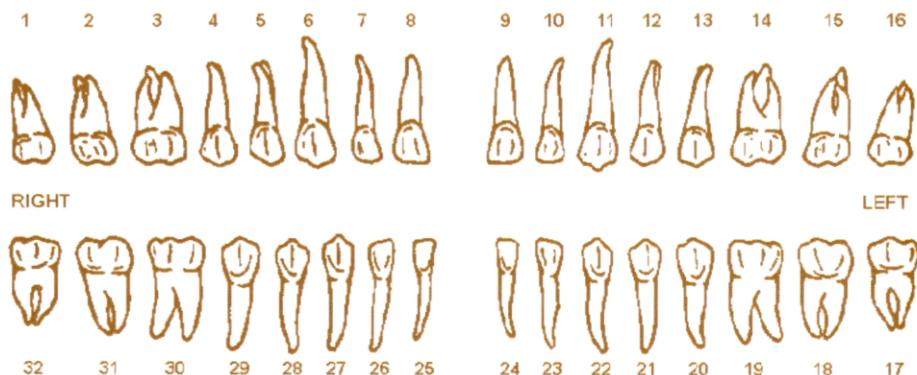
Phone: (703) 444-4229 • Fax: (703) 444-9118

www.drbidgoli.com • bidgoliendo@gmail.com

Introducing _____ Date _____

Referred by Dr. _____

Please Send A Current X-Ray



Please Schedule For:

- Evaluation
- 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 _____



INSURANCES WE ACCEPT

AETNA PPO/DMO

AMERITAS PPO

ANTHEM PPO

CAREFIRST PPO

CIGNA PPO

CONNECTION DENTAL

DELTA DENTAL PPO/PREMIER

DENTAMAX

EWTF (ELECTRICAL WELFARE TRUST FUND)

FEP BLUE

GEHA

GUARDIAN PPO

HUMANA PPO

LIBERTY

METLIFE PPO

PRINCIPAL

REINASSANCE

SUN LIFE

UMR

UNITED CONCORDIA PPO

UNITED HEALTHCARE PPO



Scan me for
Google Maps

