



Rashin T. Bidgoli, DMD, PC

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Practice Limited to Endodontics

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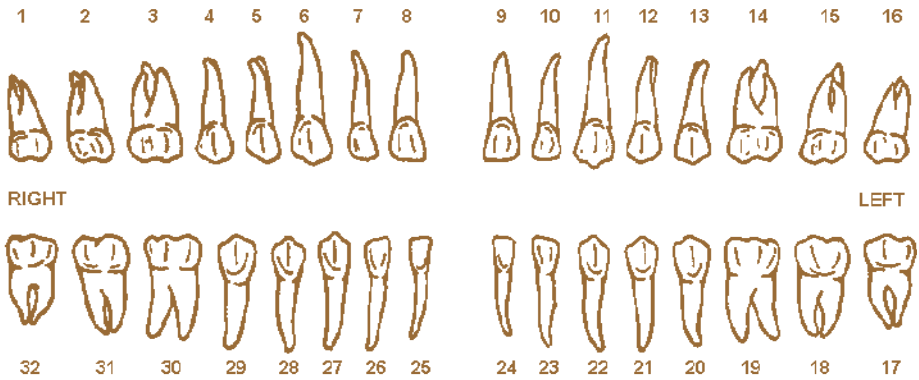
Phone: (703) 444-4229 • Fax: (703) 444-9118

www.drbidgoli.com • bidgoliendo@gmail.com

Introducing _____ Date _____

Referred by Dr. _____

Please Send A Current X-Ray



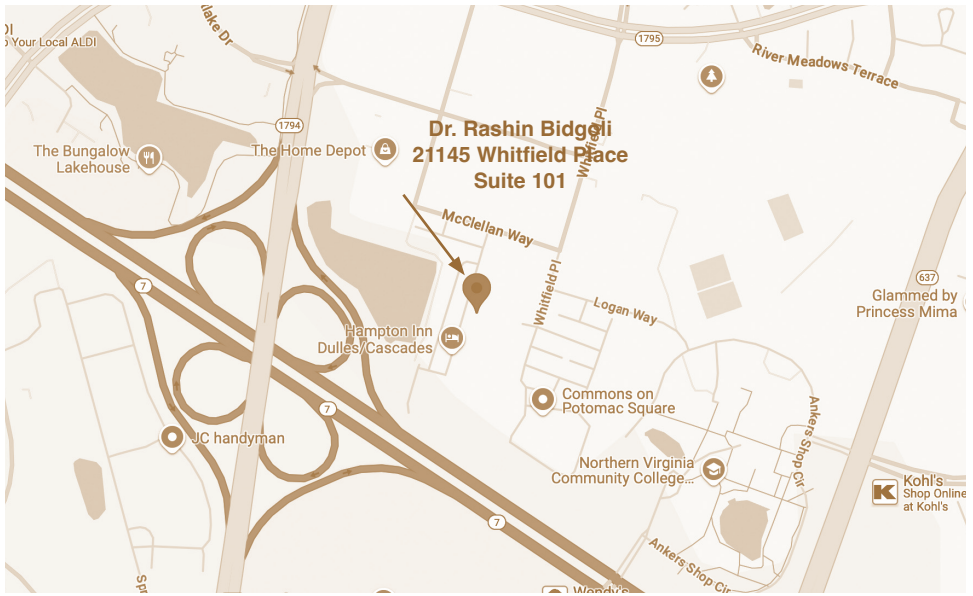
Please Schedule For:

- 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
- DENTEMAX
- FEP BLUE
- GEHA
- GUARDIAN PPO
- HUMANA PPO
- LIBERTY DENTAL
- METLIFE PPO/PDP
- PRINCIPAL
- SUN LIFE FINANCIAL
- UMR
- UNUM
- UNITED CONCORDIA PPO
- UNITED HEALTHCARE PPO



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