



Michael H. Weber, D.D.S.
Ian K. Walker, D.D.S.
Yaser F. Roumani, D.D.S.
Chetan Yelamanchi, D.D.S.
Christopher Jin, D.M.D.

ENDODONTIC ASSOCIATES

of Greater Washington

North Bethesda Medical Park
11125 Rockville Pike, #103
Rockville, MD 20852
(301) 231-0744
Fax (301) 770-1322

Shady Grove Professional Park
9027 Shady Grove Court
Gaithersburg, MD 20877
(301) 869-3900
Fax (301) 869-0819

Introducing

Referred by Dr.

Patient is being referred for the following:

- | | |
|---|---|
| <input type="checkbox"/> Area / Tooth # _____ | <input type="checkbox"/> Post Space |
| <input type="checkbox"/> Root canal therapy | <input type="checkbox"/> Retreatment |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Limited-field Cone Beam CT |
| <input type="checkbox"/> Pulp was exposed | <input type="checkbox"/> Pre-prosthetic RCT required |
| <input type="checkbox"/> Tooth has a fracture | <input type="checkbox"/> Please call me regarding patient |

Comments: _____

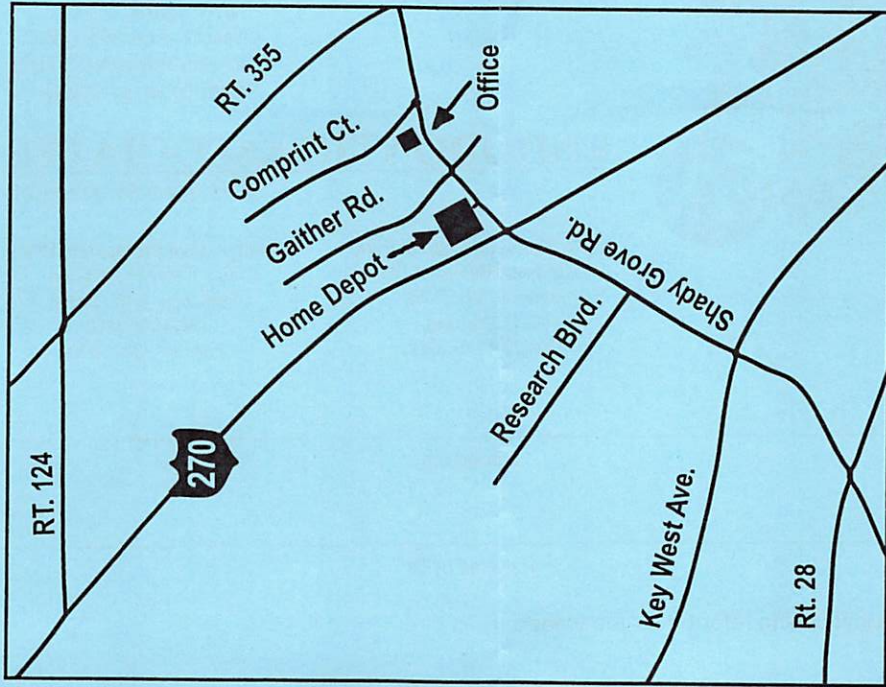
Scan QR code with your smartphone for additional information.

Appointment Date: _____ Time: _____

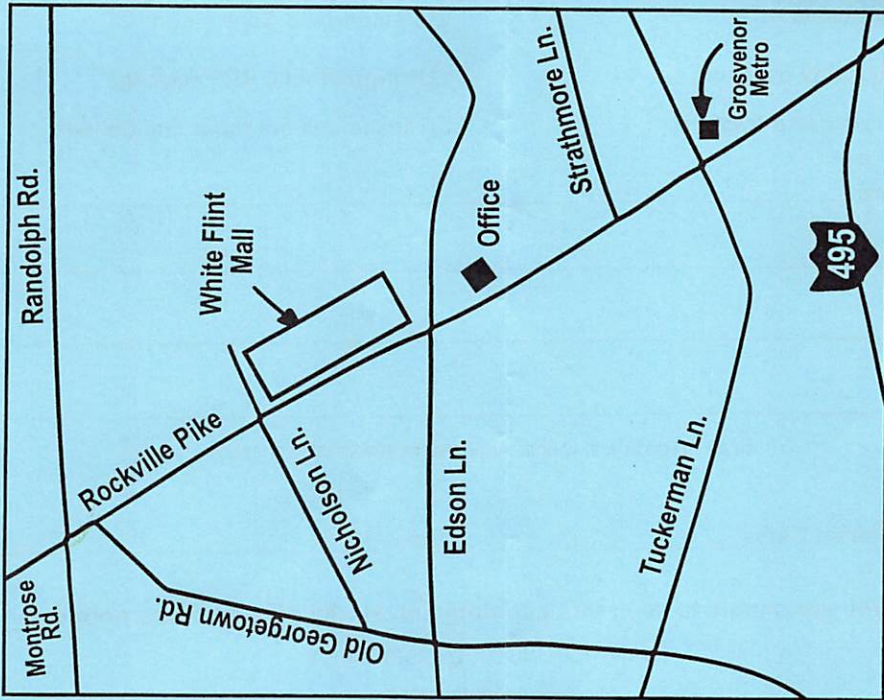
If you are unable to keep this appointment, kindly give 48 hours notice.

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Gaithersburg Office



Rockville Office