



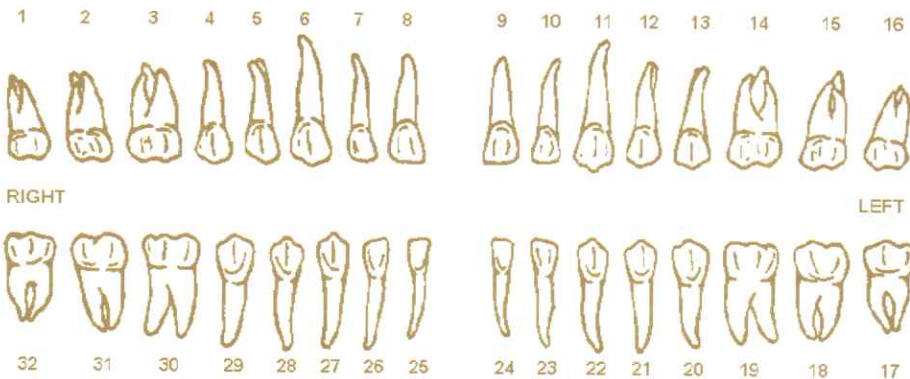
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Introducing _____ Date _____

Referred by Dr. _____

Please Send A Current X-Ray



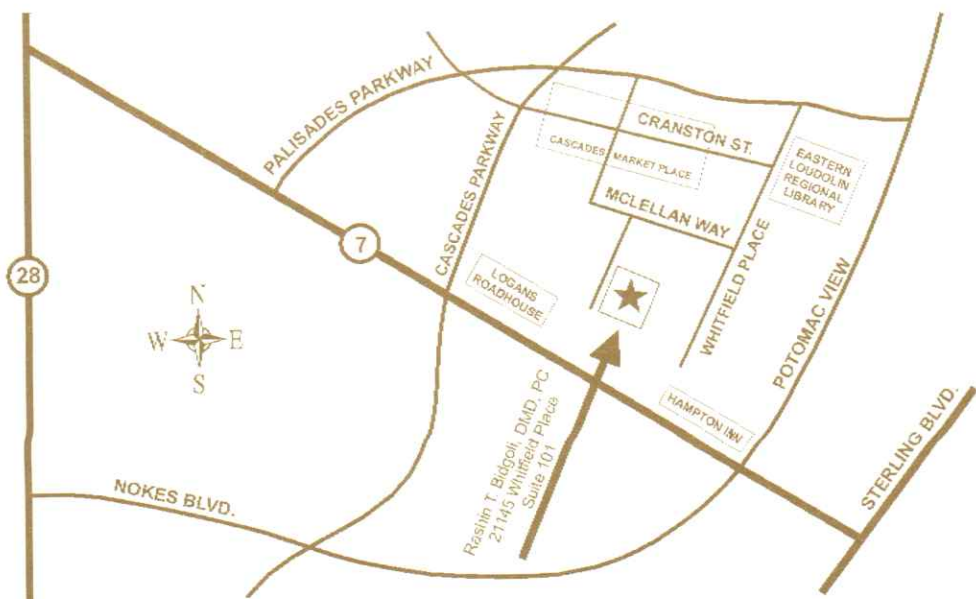
Please Schedule For:

- 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
 AMERITAS PPO
 ANTHEM PPO
 CAREFIRST PPO
 CIGNA PPO
 CORESOURCE
 COVENTRY
 DELTA DENTAL PPO/PREMIER
 DENTAMAX
 EWTF (ELECTRICAL WELFARE TRUST FUND)
 FEP BLUE
 GEHA
 GUARDIAN PPO
 HUMANA PPO
 KAISER (20% DISCOUNT)
 METLIFE PPO
 PRINCIPAL
 REINASSANCE
 SUN LIFE
 UMR
 UNITED CONCORDIA PPO
 UNITED HEALTHCARE PPO