

LOUDOUN ENDODONTICS
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PRACTICE LIMITED TO ENDODONTICS

LEESBURG PROFESSIONAL CENTER

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Patient _____

Date _____ **Tooth #** _____

Referred by: _____

Please appoint this patient for:

- an evaluation
- initiation of root canal treatment
- retreatment consultation
- surgical evaluation

Patient requires treatment because of:

- irreversible pulpitis
- an apical lesion
- elective/restorative purpose

Crown/bridge is cemented with

- temp cement
- perm cement

Tooth preparation:

- space only (no post)
- chamber retention
- fiber post
- stainless steel post

Comments: _____
