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Central Virginia Endodontics

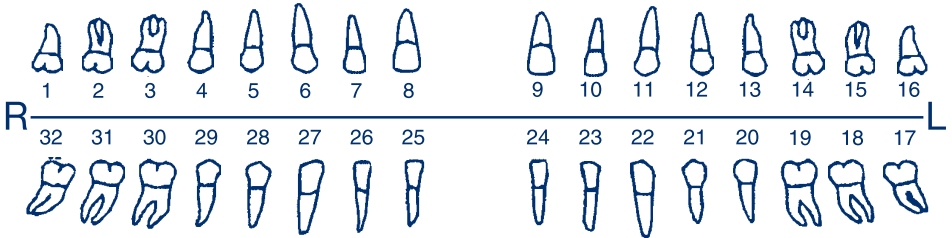
David J. Connelly, D.D.S.
Madison W. Saunders, D.D.S., M.S.D.

Introducing: _____ Phone #: _____

Referred by Dr. _____ Today's Date: _____

Appointment Date and Time: _____

Please circle tooth / area for evaluation / treatment



Status:

- Pain, swelling, sensitivity
- Radiographic findings
- Cracked
- Failing previous root canal
- Resorption
- Other _____

Reason for Referral:

- Evaluation and CBCT Imaging only
- Definite Root canal treatment
- Retreatment
- Apicoectomy (Root end surgery)
- Other _____

Restorative Options:

- Prepare post space
- Composite Temporary Filling

Comments:

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Please visit us at www.centralvaendo.com
for detailed driving directions or call us at (434) 973-4301



Our address is

2701 Hydraulic Road, Suite 103
Charlottesville, VA 22901

We are located in the new two-story brick building
at the corner of Hydraulic Road and Georgetown Road