RCT ENDODONTICS, LLC

REFERRAL SLIP

Ronald Taylor DDS, MSD
Adam Orgel DDS, MS
Badri Jureidini DDS, MS
Juheon Seung DDS, MS
Chayne Coston DDS, MS
Tierney Winberg DDS, MS
Alexis Herring DDS, MS
Eunice Kim DDS, MS

Referring Patient:______________________________

Telephone Number:____________________________

Requesting: ❑ Evaluation ❑ Root Canal ❑ Retreatment/Apico

Tooth #(s):__________ Dental Policy Name: ________________________

Additional Comments: ______________________________________

____

❑ Prepare Post Space ❑ CBCT Requested

❑ Please Send Additional Referral Pads to Our Practice

Kindest Regards:

Office/Dr. Name:____

Tel.:_________________________ Referred Patient on: __________________________

Email: ____

All reports will be emailed unless otherwise specified.

Patient's Appointment:

Appt. Date:___________________________________Appt. Time:__________________

Patients: please have your dental insurance name and member ID available when making the appointment.

❑ SILVER SPRING: (Saturday Appts. Avail.)	804 Pershing Drive, Ste. 102, Silver Spring, MD 20910 Ph.: 301-562-9455
❑ BOWIE:	3060 Mitchellville Road, Ste. 108, Bowie, MD 20716 Ph.: 301-218-7711
❑ LAUREL: (Saturday Appts. Avail.)	9889 Brewers Court, Laurel, MD 20723 Ph.: 240-360-2412
❑ NORTH POTOMAC:	11906 Darnestown Road, Ste. G, North Potomac, MD 20878 Ph.: 301-947-3400
❑ WASHINGTON, D.C.:	300 M Street SE, Ste. 410, Washington, DC 20003 Ph.: 202-701-1916

Same Day Emergencies Welcome
Extended Morning and Evening Hours

RCTEndo.com appointments@RCTEndo.com