

Please Evaluate For:

- ☐ Root Canal Treatment/Retreatment
- ☐ Pathology
- ☐ Evaluation for Dental Trauma
- ☐ Periodontal Disease
- ☐ Removal of Wisdom Teeth & Non-Restorative Teeth
- ☐ Sinus Lift & Augmentation
- ☐ Implants & Replacement of Missing Teeth
- ☐ Dentures
- ☐ Full Mouth Reconstruction

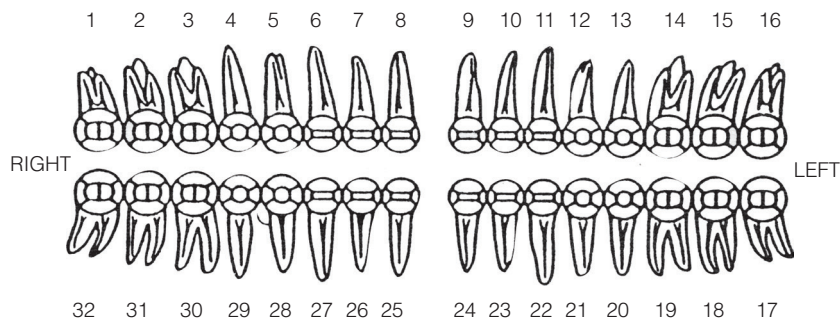
Date: _____

Referred by Dr: _____

Referring Dr's Phone #: _____

Introducing My Patient(s): _____

Comments: _____



Please email all relevant radiographs to fdreston@mydentalmail.com

Sayed Tofighbakhsh, DDS - Prosthodontist
Abdelrouf Suwid, DDS, MSD, DScD - Board Certified Periodontist
Khaled Katmeh, BDS, MS - Board Certified Periodontist
Jon Libbesmeier, DDS - Endodontist
Suketu Patel, DMD, MD - Oral and Maxillofacial Surgeon,
 Diplomate American Board of Oral and Maxillofacial Surgery

11107 Sunset Hills Rd Ste 111 | Reston, VA 20190
fdreston.com | 703-860-3200

RFPL06643KS

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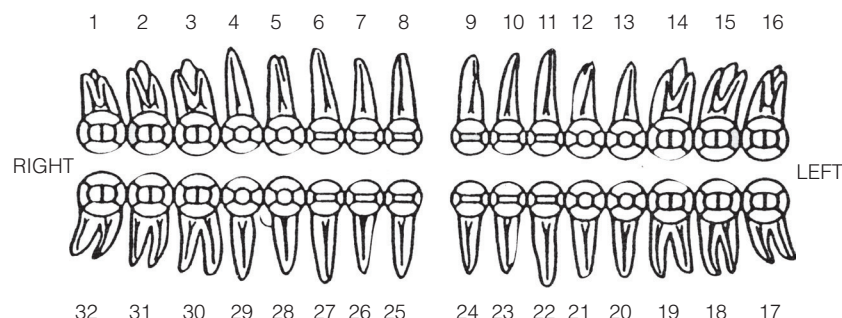
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