

LAUREL ENDODONTICS
DR. ASLIM ABDULLAH AND ASSOCIATES
LAUREL PINES PROFESSIONAL BUILDING
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Patient: _____

Appointment: _____
Day Date Time

Endodontic evaluation / treatment of tooth # _____

_____ is requested

- Consultation only
- Consult and treat accordingly
- Endodontic treatment is necessary for restoration
- Post space desired

Remarks: _____

DATE

DOCTOR

Important Information:

Please eat a light meal before your appointment and continue taking all prescription medications as directed by your physician. If you have a health condition that requires pre-medication with antibiotics, please let us know. Moreover, if you are pregnant, please consult with your OB and bring any necessary clearances.

Patients younger than 18 must have a parent or guardian present to give written consent for treatment. However, please refrain from bringing any other children to the appointment.

Please bring any X-rays and referrals given to you by your general dentist. If you are unable to keep your appointment, please give us 24 hours advanced notice.

Insurance & Payment Obligations:

For your convenience, we will file your insurance claim with the information you provide. The coverage amount provided by your insurance company is an **estimate only**, and not a guarantee of coverage. Moreover, unless other arrangements have been made in advance, the patient (or guardian) is responsible for payment at the time of treatment.

