



2701 Hydraulic Road, Suite 103  
Charlottesville, VA 22901  
434.973.4301  
Fax: 434.973.6819

## Central Virginia Endodontics

**David J. Connelly, D.D.S.**  
Diplomate, American Board of Endodontics  
**Madison W. Saunders, D.D.S., M.S.D.**  
Diplomate, American Board of Endodontics  
**Ann R. Nicholas, D.M.D., M.S.D.**  
Board Eligible, American Board of Endodontics

Introducing: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Today's Date: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_

*Please circle tooth / area for evaluation / treatment*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	L

### 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](http://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

SCAN ME

