



N.V.O.M.S.A. Endodontics

☐ **Dr. Deepika Ganesh, D.D.S. *** ** Practice limited to Endodontics*

www.nvomsa.com

☐ **ANNANDALE**

7611 Little River Turnpike, Suite 101E
Annandale, Virginia 22003
(703) 256-2307; (703) 256-3230 Fax

☐ **WOODBIDGE**

2020-A Opitz Blvd.
Woodbridge, Virginia 22191
(703) 494-9173; (703) 494-8109 Fax

Email: nvomsaendo@dentalcarealliance.com

Introducing: _____

Referring Doctor: _____ **Date:** _____

Email: _____

Tooth/Area to be Evaluated: _____

Reason for Referral (check all that apply):

- | | |
|---|--|
| ☐ Pain / spontaneous pain | ☐ Periapical radiolucency |
| ☐ Swelling (intraoral / extraoral) | ☐ History of trauma |
| ☐ Hot / cold sensitivity | ☐ Endodontic tx initiated |
| ☐ Chewing pain | ☐ Cracked tooth suspected |
| ☐ Pulp exposure | ☐ Resorption suspected |

History of RX:

Rx Antibiotics _____ started on _____

Rx pain meds/NSAIDS _____ started on _____

Treatment Requested:

- | | |
|--|---|
| ☐ Evaluation only | ☐ Endodontic retreatment |
| ☐ CBCT imaging | ☐ Apical Surgery |
| ☐ Conventional root canal treatment | ☐ Other: _____ |

Restoration:

- ☐ Post space desired
- ☐ Please place core restoration (1-2 surfaces only)
- ☐ Do NOT place core - refer patient back for build-up & crown

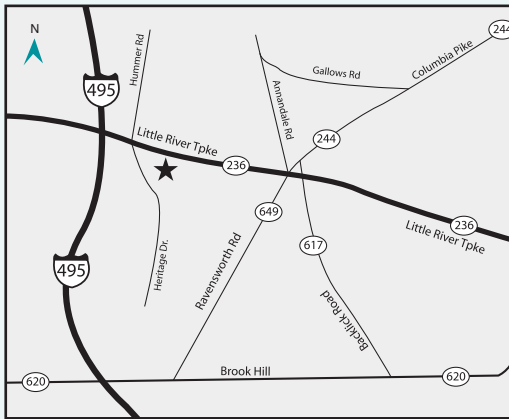
Comments:



Scan here
for more info.

Se habla español.

OFFICE LOCATION

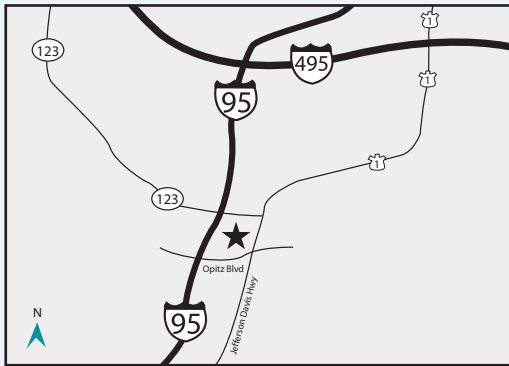


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Parking available in front of building and on the upper parking deck which is located at the right rear of building



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PARTICIPATING INSURANCE PLANS

AETNA PPO
ANTHEM (BCBS of VA)
CAREFIRST BCBS
CAREINGTON
CIGNA PPO
DELTA DENTAL
DENTALPLANS.COM
DENTEMAX

DENTRITE
GEHA/CONNECTION DENTAL
GUARDIAN
HUMANA
MEDICAID*
*(Patients 20 yrs. and younger ONLY)
METLIFE
UNITED HEALTHCARE

**We are currently out of network for
all medical insurance and adult medicaid plans.**