

Ronald C. Taylor DDS, MSD  
Adam W. Orgel DDS, MS  
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RCT ENDODONTICS

**It is my pleasure to introduce (Full Name of Patient):**

\_\_\_\_\_

Requiring Treatment of:

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

- Prepare Post Space       CBCT Requested  
 Our office requests more referral pads

**Kindest regards:**

Dr.: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*All reports will be emailed unless otherwise specified.*

**Patient's Appointment:**

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

- SILVER SPRING:                      804 Pershing Drive, Ste. 102, Silver Spring, MD 20910  
(Saturday Appts. Avail.)              Ph.: 301-562-9455
- BOWIE:                                      3060 Mitchellville Road, Ste. 108, Bowie, MD 20718  
Ph.: 301-218-7711
- LAUREL:                                      9889 Brewers Court, Laurel, MD 20723  
(Saturday Appts. Avail.)              Ph.: 240-360-2412
- WASHINGTON, D.C.                      300 M St., SE, Ste. 410, Washington, DC 20003  
Ph.: 202-701-1916



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