Edward K. Gamson, DDS, MS
Specialists in Endodontics

301/493-4496

11510 Old Georgetown Road, Suite E
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Introducing ______________________________

Appointment Date ________________ at _____ A.M. P.M.

Tooth/Area ______________________________

- ☐ Consulation
- ☐ CBCT
- ☐ Perform Root Canal Therapy
- ☐ Radiographic Findings Present
- ☐ Elective Endodontics
- ☐ Endodontic Re-treatment
- ☐ Endodontic Surgery (Apicoectomy)
- ☐ Post Space Required: Yes No

Remarks ______________________________

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Referred By ______________________________

Date ______________________________

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Detailed directions and patient forms can be located at www.gamsonDDS.com.

Free parking. Suite E is located on the lower level.

All minors must be accompanied by a parent or guardian.

If you must cancel an appointment, please give 24 hr. notice.

Call 301/493-4496 with any questions.