



**Edward K. Gamson, DDS, MS**  
**Specialists in Endodontics**

301/493-4496

11510 Old Georgetown Road, Suite E  
North Bethesda, Maryland 20852

Fax: 240/669-9703

[gamson@gamsonDDS.com](mailto:gamson@gamsonDDS.com)

[www.gamsonDDS.com](http://www.gamsonDDS.com)

Introducing \_\_\_\_\_

Appointment Date \_\_\_\_\_ at \_\_\_\_\_ A.M. P.M.

Tooth/Area \_\_\_\_\_

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

Remarks \_\_\_\_\_

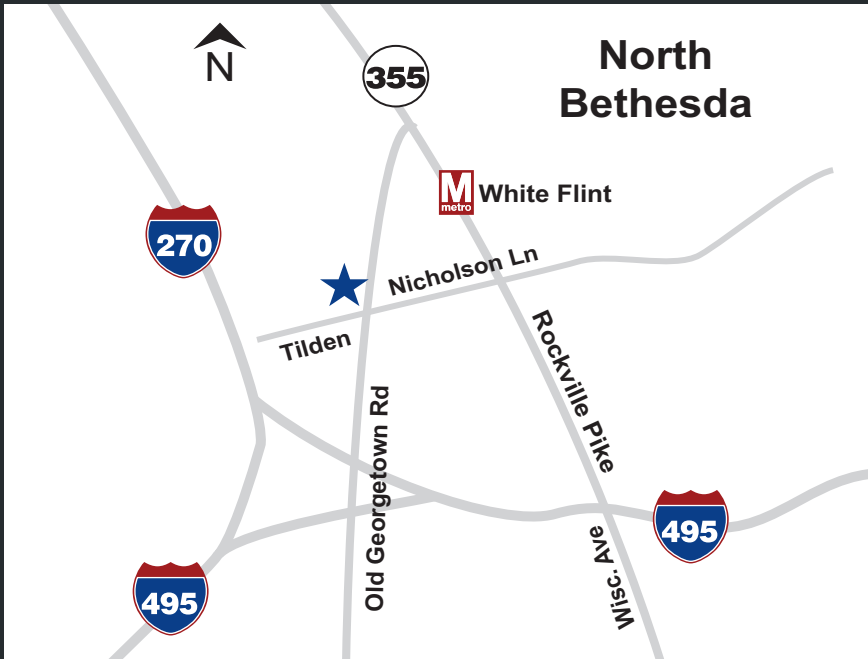
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\_\_\_\_\_

Referred By \_\_\_\_\_

Date \_\_\_\_\_





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Detailed directions and patient forms can be located at [www.gamsonDDS.com](http://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.**