



**Fremont**

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Fremont, CA 94538

**Union City**

2701 Decoto Road, Suite 6,  
Union City, 94587

**Rina Campbell, DMD**

*Diplomate, American Board of Endodontics*

**Timothy Wen, DDS**

**Yujie Huang DDS PhD**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Dr's. Phone: \_\_\_\_\_

Tooth:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Please check service requested

- Evaluation only
- Root canal treatment
- Re-treatment
- Micro-surgery (apico)
- Prepare post space
- Build-up (post if needed)
- Send additional referral forms

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Welcome to our office!** Your dentist has referred you to an endodontist. Endodontists are dental specialists who have advanced education and training in root canal therapy.

To expedite the process, please have the following items ready when you call our office to schedule:

- 1. This referral form**
- 2. All insurance information**

\*Avoid pain medication 6 hours prior to your consult appointment.

\*Minor (under 18) should be accompanied by a parent or legal guardian

Please give 24 hours notice if unable to keep the appointment

*After your endodontic care, you need to return to your general dentist for the final restoration of the tooth.*

We look forward to assisting you.