



Fremont

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Union City

2701 Decoto Road, Suite 6,
Union City, 94587

Rina Campbell, DMD

Diplomate, American Board of Endodontics

Timothy Wen, DDS

Julia Cheung, DMD

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 _____

