



WALNUT CREEK ENDODONTICS

COMPASSIONATE CARE. EXCEPTIONAL SKILL.

Robert Bernie DDS

Dustin Wirig DDS, MSD

Sahar Dadvand DDS

Joanne Jensen DDS, MS

Diplomate, American Board of Endodontics

Diplomate, American Board of Endodontics

Introducing _____

Pt Home Phone _____

Referred By Dr. _____ Today's Date _____

Appointment Date _____ Appointment Time _____

Patient will call for appointment ☐

Services requested:

- ☐ Evaluate
- ☐ Please treat as necessary:
 - ☐ swelling
 - ☐ has pain/sensitivity
 - ☐ endodontic treatment necessary for restoration
 - ☐ pulp was exposed (vital/nonvital)
 - ☐ tooth has been accessed
 - ☐ x-ray revealed radiolucency
- ☐ Prepare space for post
- ☐ Place appropriate build-up
- ☐ Nitrous ☐ Oral sedation

For ENDODONTIC consideration of the following teeth:

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 |

Comments: _____

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☐ Please check here for additional referral slips

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CANARY - File copy