



WALNUT CREEK ENDODONTICS

COMPASSIONATE CARE. EXCEPTIONAL SKILL.

Dustin Wirig DDS, MSD

Robert Bernie DDS

Joanne Jensen DDS, MS
Diplomate, American Board of Endodontics

Sahar Dadvand DDS
Diplomate, American Board of Endodontics

Introducing _____

Pt Home Phone _____

Referred By Dr. _____ Today's Date _____

Appointment Date _____ Appointment Time _____

- ☐ Patient will call for appointment
☐ Please check here for additional referral slips

Services requested:

- ☐ Evaluate
☐ Please treat as necessary:
☐ has pain/sensitivity/swelling
☐ endodontic treatment necessary for restoration
☐ pulp was exposed (vital/nonvital)
☐ tooth has been accessed/previously treated
☐ 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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