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Fremont

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Diplomate, American Board of Endodontics

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Julia Cheung, DMD

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Date:																_	
Patient Na	ame:															_	
Patient Ph	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	
									24								
	-	•	l.		ease	e ch	eck	serv	ice re	ques	sted						
Evaluation onlyRoot canal treatmentRe-treatmentMicro-surgery (apico)									Prepare post spaceBuild-up (post if needed)								
											J Sen	d ad	ditio	nal re	eferra	al forms	
Commen	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

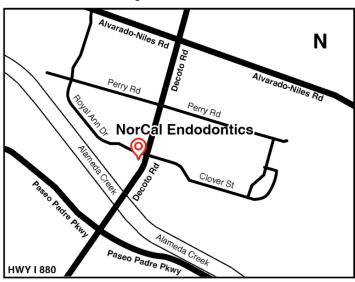
*Avoid pain medication 6 hours prior to your consult appointment.
*Minor (under 18) should be accompanied by a parent or legal guardian

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.

Union City Office Directions



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