



Joanne M. Jensen DDS, MS

Compassionate Care, Exceptional Skill

Diplomate, American Board of Endodontics

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www.walnutcreekrootcanal.com

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

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: _____

Please check here for additional referral slips



AMERICAN BOARD OF ENDODONTICS



american association of endodontists Specialist Members

WHITE - Patients copy

PINK - File copy