

Jen-Kuei Wang, PhD, DDS

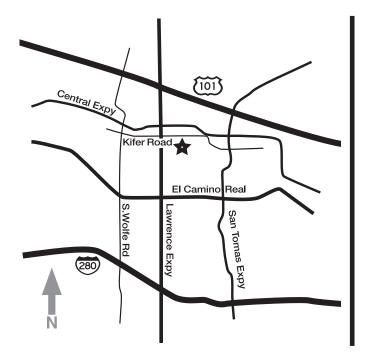
Practice Limited to Endodontics



1286 Kifer Road, Suite 111 Sunnyvale, CA 94086

Tel: 408.245.8822 Fax: 408.245.8823 jkwangendo@yahoo.com www.wangendodontics.com

Patient												_ DOE	3			Ph#	
E-m	nail																Special Instructions:
Toot	Tooth to be Evaluated																
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	
	Reason For Referral Restorative Instructions																
 ☐ Consultation only ☐ Periapical radiolucency present ☐ Pulp exposure 								☐ Place Cavit • IRM • NE Temp in access cavity ☐ Leave post space ☐ Place permanent restoration									
☐ RCT required for proper restoration ☐ Evaluation for endodontic surgery								History of RCT on Referred Tooth									
Syr	Symptoms								Yes.	Wher	າ?						
	□ None□ Crack□ Cold□ Hot□ Biting□ Percussion□ Palpation□ Swelling							Restorative Treatment Plan Build-up only Post & Core									Referring Doctor:
	diog PA. 1	•			_				Cro	ΝN							Signed



For Your Information:

- Please bring this referral slip and any x-ray films if applicable.
- If you have dental insurance, please provide the documentation to assist claim processing.
- Written reports will be sent to your dentist at the start and end of treatment. When the treatment is completed, we will refer you back to your referring dentist.
- Please feel free to contact us if you have any questions.

Appointment Date	Time

Please give us a minimum of 48 hours notice if you will not be able to keep your appointment.