

JAMES R. JESPERSEN, D.D.S., INC.
DIPLOMATE, AMERICAN BOARD OF ENDODONTICS
PRACTICE LIMITED TO ENDODONTICS

1200 SCOTT BOULEVARD, SANTA CLARA, CA 95050-4593
(408) 296-1500 FAX (408) 296-8728 Email: jamesjespersen@yahoo.com

NAME OF PATIENT _____

APPOINTMENT _____

Services already performed:

- Tooth has been opened and left open
- Tooth has been opened, medicated and sealed
- Patient on Antibiotics and/or Analgesics
- Crown / restoration completed: Date _____
- Crown temporarily cemented

Patient information:

- Allergies _____
- Cardiovascular _____
- Medications _____

REMARKS AND RECOMMENDATIONS _____

ANASTASIOS S. PHOTPOULOS, D.D.S., MMSC

*Please see our
Office Location Map
on the other side*

		UPPER																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
R	A B C D E								F G H I J								L		
	T S R Q P								O N M L K										
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

- LOWER
- Services requested:
- Evaluate and treat as necessary
 - Seal cotton in chamber, I will restore
 - Post space
 - Place post and core buildup
 - Composite
 - Place core buildup (no post)
 - Composite
 - Surgical Root Canal Therapy

PLEASE DO NOT TAKE ANY PAIN MEDICATION AT LEAST SIX HOURS PRIOR TO INTIAL APPOINTMENT

() Please send us additional referral slips.

James R. Jespersen, D.D.S., Inc
Anastasios S. Photopoulos
D.D.S., MMSC



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