

RANCHO BERNARDO ENDODONTICS



Introducing: _____

Patient Phone #: _____

Referred by: _____

Referral Date: _____

Right Left

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

Remarks: _____

We request that your patient NOT take any pain meds on the appointment day, as pain meds may mask symptoms and alter diagnostic tests.

Treatment requested:

- Consultation only
- Evaluate & treat as needed
- RCT necessary for restoration
- Call me prior to treatment
- Prepare canal with post space
- Cone Beam CT Scan

CORENE J. POELMAN, D.D.S., M.S.

HEIDI L. KAMRATH, D.D.S.

DYANA EIDELSTEIN, D.M.D., M.S.D.



SPECIALIST MEMBER

History:

- Recent restoration
- Pulp Exposure
- Prior RCT
- Endodontics started
- Trauma

Date: _____

Date: _____

Date of RCT if known: _____

Date: _____

Date of injury: _____

Rx given to pt _____

Appointment Date: _____



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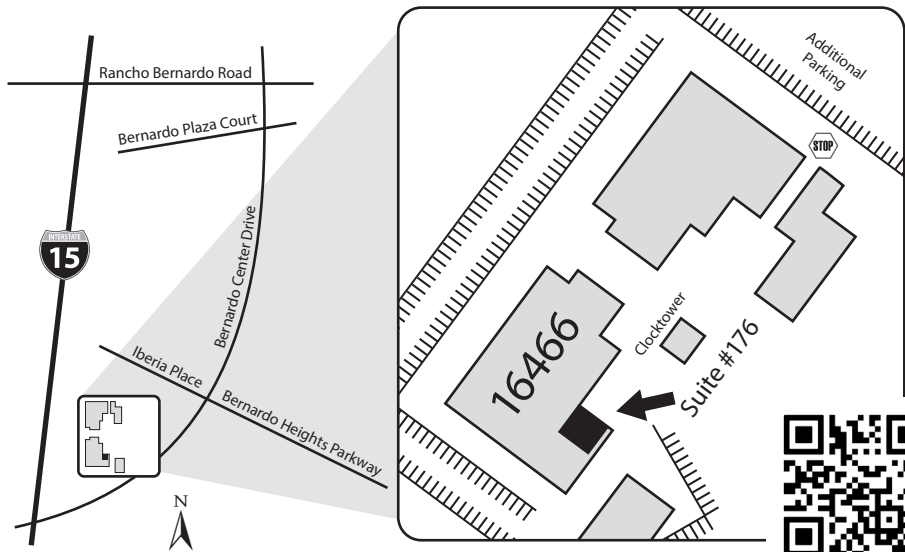
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The office is located in Rancho Bernardo in the Clock Tower Plaza just east of I-15 on Bernardo Center Drive. Parking at the front of the office is limited but there are plenty of spaces around the back and sides of the buildings. There is also additional parking north of the parking lot stop sign shown on the map. The clock tower is a good landmark for locating the front door.

