

 BERNARDO
DENTISTRY
SPECIALISTS IN TOOTH RESTORATION OR REPLACEMENT

858.487.2301

PATIENT NAME: _____

TELEPHONE: (_____) _____ - _____

TODAY'S DATE: ____/____/____ APPOINTMENT DATE ____/____/____ TIME ____:____

REFERRED BY: _____ TELEPHONE _____

PURPOSE OF THIS REFERRAL

PERTINENT PATIENT HISTORY

WHAT RECORDS ARE AVAILABLE i.e. RADIOGRAPHS, MODELS, PHOTOS?

Thank You!

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PROSTHODONTIST

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