

- Michael S. Singer, DDS FACP
- Raymond E. Carpenter, DDS
- First Available Appointment

www.BernardoCenterDentistry.com
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Board Certified Specialist in Prosthodontics

Referring Doctor's Name: _____ Date: _____

Office Phone: _____

Office Email: _____

Please send me a consultation report by: Email Mail Phone call

Patient's Name: _____

Radiographs

- WITH PATIENT
- EMAILED
- TAKE NEW
- NONE

Phone: (h) (c) _____

Email: _____

- *Preferred Method:** Our office to call and schedule patient.
- Patient will call to schedule appointment
- Need our office to contact your office first.

Medical Alert: _____

REFERRED FOR:

Premed patient

- Complex Prosthodontic Evaluation
- Aesthetic Evaluation or Consultation
- Dentures (Traditional or Overdenture)
- Removable Partial Dentures (RPD)
- Pre-radiation or Joint Replacement evaluation
- Limited Prosthodontic Consultation
- Implant Prosthodontics/ Reconstruction
- Unknown Implant or broken component
- Sleep Apnea evaluation / Treatment
- TMJ / TMD Evaluation / Bite or Occlusion

Comments: _____

Please email: office@bernardocenterdentistry.com or Fax: 858.487.6717

White copy — Patient copy; Yellow copy — Office copy for your records

Thank you!