BERNARDOCENTER DENTISTRY
SPECIALISTS IN TOOTH RESTORATION OR REPLACEMENT

16816 Bernardo Center Dr., # 200
San Diego, CA 92128

P | 858.487.2301
F | 858.487.6717

www.BernardoCenterDentistry.com
Office@bernardocenterdentistry.com

❑ Michael S. Singer, DDS FACP
❑ First Available Appointment

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: _____

Phone: (h) (c) _____

Email: _____

Radiographs
❑ WITH PATIENT
❑ EMAILED
❑ TAKE NEW
❑ NONE
DATE TAKEN: _____

❑ ***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: _____

❑ Premed patient

REFERRED FOR:

❑ 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/ Recontruction
❑ Unknown Implant or broken component
❑ Sleep Apnea evaluation / Treatment
❑ TMJ / TMD Evaluation / Bite or Occlusion

Comments: _____

_____

_____

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

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

Thank you!

Our Location

16816 Bernardo Center Drive, Suite 200 (2nd floor)
San Diego, CA 92128
P | 858.487.2301
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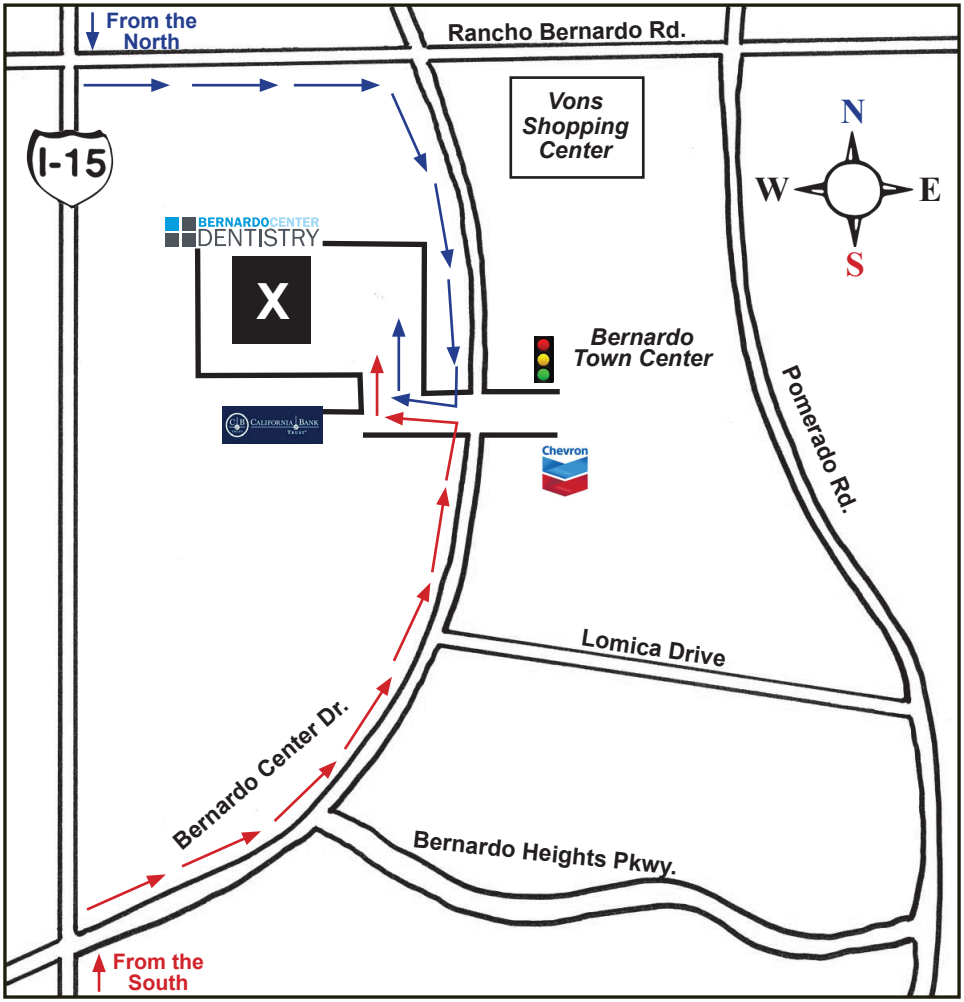

We look forward to serving you.