

**RANCHO BERNARDO**  
ENDODONTICS



**Introducing:** \_\_\_\_\_

**Patient Phone#:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

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

**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: \_\_\_\_\_

**CORENE J. POELMAN, D.D.S., M.S.**  
**HEIDI L. KAMRATH, D.D.S.**  
**CANDICE L. KAMINSKI, D.D.S., M.S.**



[www.rbendodontics.com](http://www.rbendodontics.com)

16466 Bernardo Center Drive  
Suite 176, San Diego CA 92128

T: 858.676.6709  
F: 858.676.6739

[office@rbendodontics.com](mailto:office@rbendodontics.com)

[www.rbendodontics.com](http://www.rbendodontics.com)