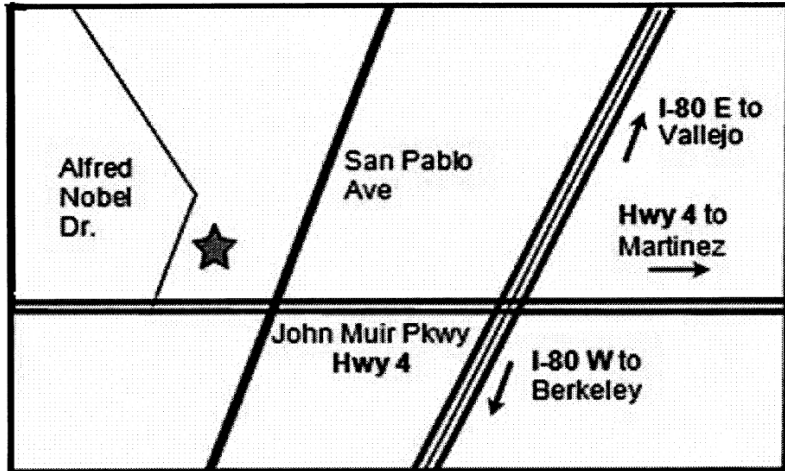




SPECIALIST MEMBER

Endodontics and Microsurgery
Hermon Bhullar, D.D.S
500 Alfred Nobel Drive, Suite 205
Hercules, CA 94547
510.964.7219
Fax 510.964.7251
www.eastbayrootcanal.com

Conveniently located right off I-80 or Hwy 4
Plenty of free parking
We encourage patients to pre-register online to save time



Please visit our website to learn more about us

From Berkeley Via I-80 E

Take the Hwy 4/Hercules Exit off of the freeway. Stay in the right lane going towards Hercules, and loop back underneath the freeway. Make a right at the stoplight onto Sycamore. Take your first right onto San Pablo Ave. Make a left at the second stoplight. This is John Muir Pkwy. Then make your first right onto Alfred Nobel Drive. Turn right into your first driveway. This is the 500 building.

From Vallejo Via I-80 W

Take the Hercules Exit off of I-80. Continue straight through the stoplight (San Pablo Ave) onto John Muir Parkway. Continue and make your first right onto Alfred Nobel Drive. Turn right into your first driveway. This is the 500 building.

From Martinez via Hwy 4

Take Hwy 4 until it meets San Pablo Ave. Continue straight through the stoplight (San Pablo Ave) onto John Muir Parkway. Continue and make your first right onto Alfred Nobel Drive. Turn right into your first driveway. This is the 500 building.

Via San Pablo Ave

Follow San Pablo Ave until you reach John Muir Parkway. Head West at the stoplight on to John Muir Pkwy. Continue and make your first right onto Alfred Nobel Drive. Turn right into your first driveway. This is the 500 building.

Introducing: _____

Patient Phone Number(s): _____

Appointment Date: _____ Time: _____

Please evaluate and treat as necessary tooth # ('s): _____

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

Referring Dr. _____

Today's Date: ____/____/____

Office Phone Number: _____

Office Email (if electronic report preferred): _____

Please fax a copy of the completed referral slip to (510) 964-7251

Current status of the tooth

- Pt has pain and/or swelling
- Pulp was exposed
- Tooth has been accessed
- Previous endodontic treatment
- X-ray reveals radiolucency
- Patient has non-localized toothache
- Tooth requires internal bleaching
- Needs endodontics prior to restorative

Post-Endodontic Restoration

- Temporary Restoration
- Composite Build-Up
- Amalgam Build-Up
- Post Space Only
- Post and Core Build-Up
- Other _____

Miscellaneous

- Please call prior to treatment
- Existing crown or bridge to be replaced
- Recently cemented crown or bridge
 - Temporarily
 - Permanently
- Please send additional referral forms

Medical, management, or treatment remarks: Pt requires pre-medication

Appointment information: This time is reserved specifically for you. If by necessity you must cancel your appointment, please notify our office at least 24 hours in advance.

Top Copy- Please fax to us before handing to patient
Bottom Copy- Referring Dr's copy