

Date: \_

5000 S. Broadband Lane, Suite 126 Sioux Falls, SD 57108

> 1-888-328-5599 605-275-6363

Fax: 605-275-6365

Email: appointments@biermaendo.com www.biermaendo.com

## **Referral and Treatment Request**

Patient's Name:												9()+				
Patient's Phone #:	- 0	9	,			Ŷ.	_ D.	.O.E	3		Ţ					
Comments:														Appointment		
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						.,						,			Please see other side for information needed for your visit.	
													_		<ul><li>Directions</li><li>Map</li><li>Insurance</li><li>Fees</li><li>and More</li></ul>	
Referred by Dr													_			
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32	31	30	29								21 ation)	20	19	18	17	
Treatment Requ	ıest	ed									Ad	diti	ona	al C	Considerations	
☐ Consultation only											☐ Canals cannot be located					
☐ Evaluate & treat (pain and/or swelling) [											☐ Vague dental pain					
☐ Endodontic re-treatment											☐ X-ray reveals a radiolucency					
☐ Surgical endodontic treatment ☐												] Sinus tract is present				
☐ Place core buildup												☐ Pulp was exposed by caries				
☐ Place final restoration											☐ Please call me about this case					
☐ Temporary access filling only											Please see other side					



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## Instructions for patients

- If you have dental insurance, please bring your insurance card to your appointment.
- Fees are payable at the time of treatment.
- If you have any questions, feel free to contact us prior to your appointment.
- All minors must be accompanied by a parent or legal guardian.

## **Directions**

- Take I-229 to the Louise Ave. Exit.
- Proceed North on Louise Ave. and turn left on 57th St.
- Continue West on 57th, go straight through the stoplight at Solberg Ave. and take the next left on Broadband Ln.
- Take the first left on Broadband Ln. into our parking lot.
- Please use our private entrance on the SW corner of the building.

