EXCELLENCE in endodontics

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ENDODONTIST

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ENDODONTIC REFERRAL FORM

Date: / /

Patient Name: _____

Tel: (H)_____(W)_____(MOB)_____

Relevant History: _____

_____

_____

_____

_____

☐ Endodontic consultation only, regarding: _____

_____

☐ Endodontic Treatment: _____

_____(core build up Y / N)

☐ Endodontic Retreatment: _____

_____(core build up Y / N)

☐ Endodontic Microsurgery: _____

_____

☐ Other: _____

_____

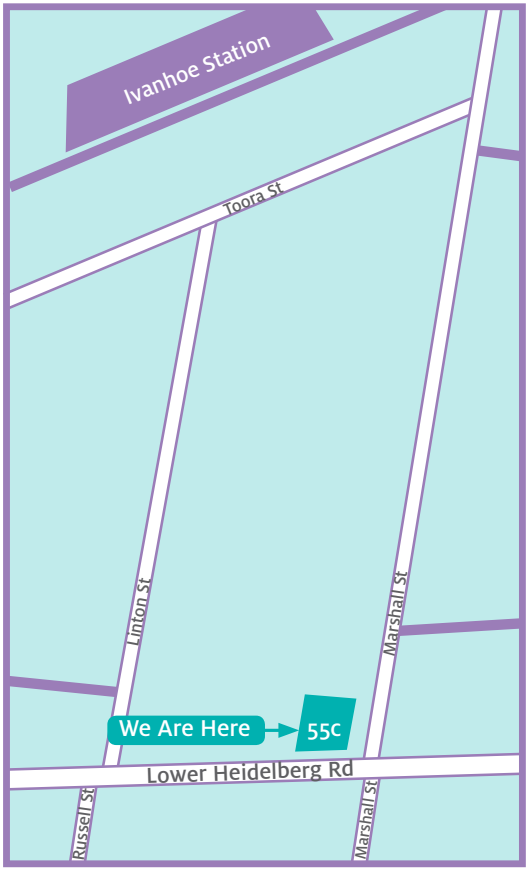
Referral by: _____Tel: _____

Address: _____

_____

How to find us

55C Lower Heidelberg Rd
Ivanhoe VIC 3079



- Public parking (2 hours) is available on the Lower Heidelberg Rd near the practice.
- Ivanhoe train station is 5 minute walk from the practice.
- If you are lost, call our friendly staff on 9499 9088, who will assist you.
- Please inform our staff with at least 24 hrs of notice if you wish to cancel your appointment. Otherwise a fee may be charged.