



THE
ENDODONTIC
CENTRE

Morgan Wu
Vui Tan
Zibo Wangding
Yosh Shibata

I would like to introduce _____ DOB ____ / ____ / ____

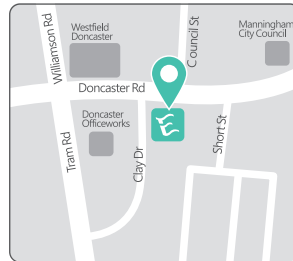
for assessment of tooth/teeth _____ regarding the following:

- Initial / Continue endodontic treatment
- Endodontic re-treatment or surgery
- Consultation for pain diagnosis, crack assessment or restorative assessment
- Trauma management

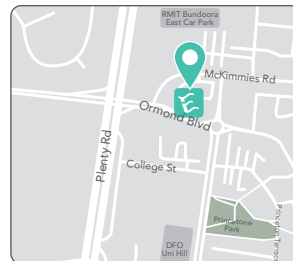
Restorative Plan

- Provide Core
- Return with a temporary restoration for further assessment
- Other

Doncaster



Bundoora



Relevant History and Clinical Details

Referring Doctor: _____ **Ph:** _____

Address: _____

Email (for report): _____

Date: _____

