

ENDODONTIST

Dr Martin S Gale BDS (Newc), MDSc (Melb), PhD (HK), FRACDS
Ivanhoe Specialist Endodontics



REFERRAL FORM

118 Waterdale Road, Ivanhoe VIC 3079
Tel: 03 9499 6699. Fax: 03 9499 6694

www.isendo.com.au
Provider No: 2293195B ABN: 56 457 373 424

This is to introduce: Date:201

Patient Address: Tel:

Referring Practitioner: Tel: Signed:

Who requires,

- | | |
|--|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Routine endodontic therapy |
| <input type="checkbox"/> Treatment planning | <input type="checkbox"/> Retreatment endodontic therapy |
| <input type="checkbox"/> Caries prevention counselling | <input type="checkbox"/> Aseptic coronal seal/core |
| <input type="checkbox"/> Cracked tooth management | <input type="checkbox"/> Intracoronary bleaching |
| <input type="checkbox"/> Pulp / restorability assessment | <input type="checkbox"/> Resorption management |
| <input type="checkbox"/> Post removal | <input type="checkbox"/> Perio – endo management |
| <input type="checkbox"/> Trauma management | <input type="checkbox"/> Surgical management |
| | <input type="checkbox"/> Other |

Clinical Details: Tooth No:

Please indicate,

- Create a post space Restorative preference, if any:

Please tear off the lower half of this page for your patient. Please feel free to make photocopies of this form as needed.



It is our policy to have a separate consultation visit before treatment is provided. Please enclose relevant radiographs.

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PATIENT INFORMATION

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Dear Patient,

Your dentist has asked for a specialist opinion regarding your tooth. We are specialists in endodontic (root filling) care and can give you the best chance of saving your tooth. Please give us the opportunity to help you.

Your first appointment will be a half hour consultation. This just involves a chat, a look and an x-ray, so no need to worry. Your problem, the treatment required and the expected costs will be fully explained. Then you will have time to consider your options. If you wish to proceed, then treatment will be provided at later appointments, unless you require emergency treatment immediately. We hope we can be of great service to you. Please visit our website at www.isendo.com.au for more information.

Best wishes,

Dr Martin Gale

Your Appointment: Day _____ Date ____/____/201__

