CAPITAL ENDODONTICS
CANBERRA

Dr. Hari Ramineni
SPECIALIST ENDODONTIST
BDS, MDS, FRACDS, DClin Dent(Endo), MRACDS (Endo)

PATIENT REFERRAL

Date : .....

Patient Name: Dr/Mr/Mrs/Miss/Mst.....

Address: .....

Tel: Bus :..... Mobile ..... Res .....

Relevant Med. Hx .....

Referred by Dr. ..... Tel. .....

Address: .....

Tooth Number: .....

☐ Consultation ☐ Treatment Clinical Notes

- ○ Routine RCT
- ○ Retreatment
- ○ Diagnosis
- ○ Persisting Symptoms
- ○ Calcified Canals
- ○ Cracked Tooth
- ○ Separated Instrument
- ○ Perforation or Defect
- ○ Resorption
- ○ Periapical Microsurgery
- ○ Trauma
- ○ Core Restoration Required
- ○ Post Space Required
- ○ Other

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Suite 6, Level 2, Canberra Health Point, 16 Wilbow Street, **Phillip** 2606, ACT
Telephone : 02 6147 5676, Email : info@capitalendocanberra.com.au,