

# Frankston Endodontic Surgery

ABN 79 718 965 911

# Referral Form

**Dr C. Lindner** MDSc (Melb) MRACDS (Endo)

Registered Specialist Endodontist

Provider Number: 052 773 BB

Bayside Dental Specialist Centre, 30 Cranbourne Road, Frankston Victoria 3199

Tel: 9783 5098 A/H 0438 535 550 Fax: 9783 1200

Email: frankstonspecialistendodontics@gmail.com

## Patient's Details

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Contact Details \_\_\_\_\_

## Reason for referral

- Endodontic treatment of tooth \_\_\_\_\_  Endodontic retreatment of tooth \_\_\_\_\_  
 Diagnosis  Treatment planning  Trauma Management  Other

## Further dental/medical information

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## Restorative treatment plan

- Provide overlay restoration  Provide core  Prepare post space only

## Referring Practitioner's Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_