



# SYDNEY ENDODONTIC CENTRE

## Dr Geoffrey Young

BDS(Hons)(Syd), DClinDent(Melb), FRACDS(Endo), FICD, FPFA

## Dr Kim Mai Dang

BMedSci(Hons), BDent(Hons)(Syd), DClinDent(Melb)

## Dr Suzy Wang

BSc(Syd), BDent(Hons)(Syd), DClinDent(Ade)

## Specialist Endodontists

Patient Name: ..... Date: .....

### TREATMENT:

- |   |   |
|---|---|
| <input type="checkbox"/> Consultation/Prognosis | <input type="checkbox"/> Trauma Management            |
| <input type="checkbox"/> Root Canal Treatment   | <input type="checkbox"/> Internal/External Resorption |
| <input type="checkbox"/> Apical Surgery         | <input type="checkbox"/> Perforation Repair           |
| <input type="checkbox"/> Diagnosis of Pain      | <input type="checkbox"/> Intravenous Sedation         |

### TOOTH:

18 17 16 15 14 13 12 11      21 22 23 24 25 26 27 28  
 48 47 46 45 44 43 42 41      31 32 33 34 35 36 37 38

- Construct a core       Prepare a post space      *(Please tick if YES)*

NOTES: .....  
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Referred by: .....

Address: .....

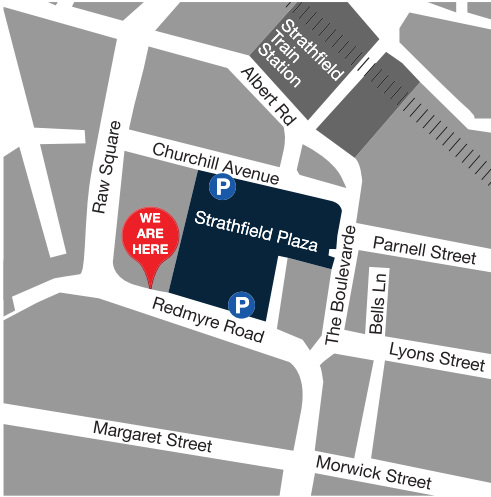
Phone: ..... Email: .....

Would you prefer to receive reports by:  Email  Posted hard copy

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## PRACTICE ADDRESS

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