

Endodontic Referral Centre

Dr Gary Zolty BDS (Wits)

Practice Devoted to Endodontics

Endodontic Referral

Date _____

Referring Dentist

Name _____

tel _____

Address _____

fax _____

_____ Post Code _____

email _____

Patient

Name _____

home _____

Address _____

work _____

_____ Post Code _____

mobile _____

DOB _____

Type of referral (please tick)

Routine

Urgent

Treatment Required

- Consultation
- Initial Root Treatment
- Re-Root Treatment
- Post Removal

- Trauma
- Perforation
- Separated Instrument
- Endodontic Surgery (consultation required)

- Post and Core
- Nayyar Core
- Temp. crown

Reason for Referral

Relevant Medical History

Please include any radiographs which may help in evaluating the patient. We will return them to you after use.

Crescent Road Consulting Rooms, 2 Crescent Road, Hale, WA15 9NA

Tel 0161 929 8101 Fax 0161 929 8102