Endodontic Referrals

Sharon Stern
Endodontist

8 Nunns Road, Enfield, EN2 6JT
Tel: 020 8363 6363
e-mail: endodontics@hotmail.co.uk

Referring Dentist Date: _____

Name: _____

Address: _____ Tel: _____

_____ E-mail: _____

_____

Patient Details

Name: _____ Tel: _____

Address: _____ D.O.B: _____

_____ E-mail: _____

_____

Treatment required (please mark with an x): □ Urgent □ Routine

□ Consultation
□ Initial root canal treatment
□ Trauma
□ Post removal
□ Perforation
□ Calcified canals
□ Provision of a post and core or core only
□ Is the patient anxious?
□ Assessment for restorability
□ Root canal retreatment
□ Open apex/immature tooth
□ Separated instrument
□ Calcified canals
□ Root end surgery/apicoectomy
□ Provision of a temporary crown

Tooth/teeth:

Reason for referral:

_____

_____

_____