



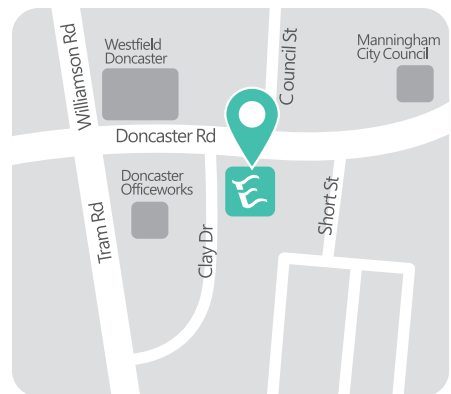
I would like to introduce \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
for assessment of tooth/teeth \_\_\_\_\_ regarding the following:

- ☐ Initial / Continue endodontic treatment
- ☐ Endodontic re-treatment or surgery
- ☐ Consultation for pain diagnosis, crack assessment or restorative assessment
- ☐ Trauma management

### Restorative Plan

- ☐ Provide Core (amalgam/composite)
- ☐ Provide a definitive restoration
- ☐ Return with a temporary restoration for further assessment

### Location



### Other Relevant History

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Referring Doctor:

Ph:

Address:

Email (for report):

Date: