



Dr Quan Ho

BDSc (Hons, Qld) DCLinDent
(Endodontics) MRACDS (Endo)

ROOT CANAL SPECIALISTS

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PATIENT REFERRAL

Patient Name: _____ D.O.B. _____

Address: _____

Mob: _____ Tel: _____

Patient Email: _____

Tooth/Area to evaluate: _____

Reason for Referral:

- | | |
|--|---|
| <input type="checkbox"/> Consultation (opinion only) | <input type="checkbox"/> Root Canal Treatment |
| <input type="checkbox"/> Consultation and treat as necessary | <input type="checkbox"/> Retreatment |
| <input type="checkbox"/> Endodontic Surgery | <input type="checkbox"/> Provide a post space |

Appointment Scheduling:

- Please call patient to schedule appointment
- Patient will call to schedule appointment
- Appointment has already been scheduled

Comments:

Endodontist:

- First Available Dr Quan Ho Dr David Leong

Referred by: _____

Date: _____