Referral form endodontics via e-mail to:
Reception@WSDC.co.uk

Patient:

Last name | First name | E-Mail

Telefone | Mobile

Dental Chart:

Right | Left

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

Referring doctor:

Last Name | First name

Telefone | Mobile

E-Mail

Endodontic current status

- Acute symptoms, pain and swelling
- Nerve exposed and necrotic material evident
- Crown/bridge is cemented — Temporary / Permanent
- Patient has only little pain - please only consultation
- Root canal treatment was started, but problems occured
- Tooth left open
- Elective treatment

Which problems?

Endodontics (desired treatment)

- Diagnostic/ consultation
- Diagnostics and treatment
- Post and core build-up
- Sedation required

X-ray

- Patient brings x-ray
- X-ray will be sent via E-mail
- Please new x-ray

With kind regards,

Date, Signature

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