



Endodontic referral form: Dr. T. Lynn, The Plaza Dental Practice, Unit 13, The Plaza, Blanchardstown Village, Dublin 15. Eircode D15WN92.

Tel: 01-8201360. Fax: 01-8201305

Patient name:

Address:

Tel no: Home..... Work..... Mobile.....

Relevant Medical History:

Reason for referral:

Please tick as appropriate

- Conventional Endodontics
- Tooth previously untreated
- Urgent
- Surgery
- Re-treatment
- Non Urgent

Radiograph enclosed:

- Yes
- No

Return to referring dentist with:

- Temporary filling
- Nayyar amalgam core
- Post Space

Practice Stamp/ Referring Dentist Contact details