



DR OLIVIA RAE

BDS (JCU), DCD (Endo)(Melb), MRACDS (Endo)

11 Bundock Street
North Ward, Qld 4810
Ph (07) 4772 0436
E info@tsvendo.com.au
www.tsvendo.com.au



Patient Name: _____ DOB: _____

Contact No: _____ Tooth/Teeth: _____

Endodontic Service Required:

- Initial/continuation of endodontic treatment
- Endodontic re-treatment or surgery
- Pain diagnosis or other assessment
- Trauma management

Restorative Requirements:

- Provide core (amalgam/composite overlay - please circle)
- Provide definitive restoration (direct amalgam/composite overlay - please circle)
- Provide post space
- Please return the patient to me with a temporary restoration for further assessment

Other Relevant History:

Referred by Dr: _____ Ph: _____

Practice Name: _____

Practice Address: _____

Email (for report): _____ Date of referral: _____