



## DR OLIVIA RAE

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

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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 - 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:

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Referred by Dr: \_\_\_\_\_ Ph: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Email (for report): \_\_\_\_\_ Date of referral: \_\_\_\_\_