Waikato Endodontics
Dr. Assil Russell

BDS, DClinDent (Endo),
MRACDS, FICD

608 River Road
Hamilton, 3214
New Zealand
waikatoendodontics@gmail.com
www.waikatoendodontics.co.nz

ENDODONTIC REFERRAL

Please email completed form and relevant radiographs to waikatoendodontics@gmail.com

Date of Referral _____

Referring Dentist's Details

Dentist Name: _____ Practice Name: _____

Address: _____

Phone: _____

Email: _____

Patient's Details

Full Name: _____ DOB: _____

Address: _____

Phone/ Mobile: _____

Email: _____

Tooth Number/s: _____

ACC Details Claim #: _____ DOA: _____

Relevant Medical History:

Reason for Referral:

Endodontic Requests

- ☐ Contact me to discuss case
- ☐ Endodontic consultation only
- ☐ Endodontic consultation and treatment
- ☐ Other:_____
- ☐ Leave post space
- ☐ Place post and core
- ☐ Restore with composite
- ☐ Temporize with GIC

Thank you for your referral.
We will arrange an appointment for your patient and contact you with updates.