

Dr. Vivian Liu

BDS, GradDipClinDent, DClinDent(Endo),
MRACDS(Endo), FRACDS

Specialist Endodontist

Provider Number: 252377AF

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REFERRAL FOR ENDODONTIC TREATMENT

Dear Vivian, I wish to refer to you: _____

Address: _____

Contact number: _____ DOB: / /

Relevant medical history: _____

In relation to tooth number _____ for:

- Consultation or treatment planning advice only
- Consultation and management

Specific concerns:

- Further diagnosis and treatment planning needed
- Complicated anatomy
- Crown or bridge present
- Previous endodontic treatment
- Swelling
- Recurrent infection
- Resorption
- Trauma
- Cracked tooth

Other notes: Endodontic treatment has been commenced
 Post-endodontic restoration has been discussed
 Please place core restoration

Comments: _____

Referred by: _____ Date: / /

Address: _____

Contact phone number or email: _____

Please ensure any relevant history and radiographs have been forwarded prior to your patient's appointment.