

# Dentist referral form

Email your referral with at least one PA to [endo@nsendo.co.nz](mailto:endo@nsendo.co.nz) or refer online at [www.nsendo.co.nz](http://www.nsendo.co.nz).

## Select endodontist:

☐ Earliest available    ☐ Ray Sun    ☐ Richard Ellis

## Referring dentist details:

Referrer's name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Patient details:

Patient's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Reason for referral

Tooth number/s: \_\_\_\_\_

**Please include a clinical description of the problem and any medical conditions.**

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## If ACC related

Date of accident: \_\_\_\_\_ ACC number: \_\_\_\_\_