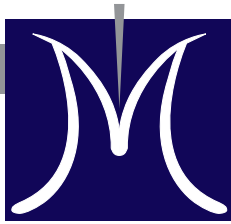


**Dr John Bone**

BDS, MDS

**Dr Fiona Heard**

BDS, LDS, MDS, FRACDS



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ENDODONTICS**

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**Phone (02) 9221 3544**

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Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Patient's daytime phone number \_\_\_\_\_

Relevant Medical History \_\_\_\_\_

Referring Practitioner \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Consultation**

**Treatment**

**Radiographs enclosed/**

**Radiographs emailed**

**Tooth #** \_\_\_\_\_

Brief history & treatment requested

Routine RCT \_\_\_\_\_

Failure of existing RCT \_\_\_\_\_

Diagnosis \_\_\_\_\_

Continuing pain \_\_\_\_\_

Calcified canals \_\_\_\_\_

Broken Instrument \_\_\_\_\_

Perforation \_\_\_\_\_

Resorption \_\_\_\_\_

Cracked tooth \_\_\_\_\_

Apical Surgery \_\_\_\_\_

Post removal \_\_\_\_\_

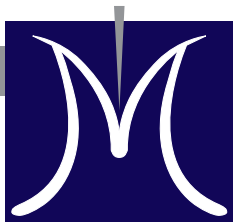
Traumatic Injury \_\_\_\_\_ Post space required

Bleaching \_\_\_\_\_

Please forward report on completion by  mail  email

Further referral forms required

Please see over for location map



MACQUARIE STREET  
ENDODONTICS

8th Floor, 183 Macquarie St, Sydney

Martin Place is the nearest train station with Wynyard & St James stations within 10 min easy walking distance.



Parking Station



Train Station

