APEX Dental Specialists

Dr Jonathan Christo
Specialist Endodontist
BDS (Adel), BScDent(Hons), DClinDent(Endo), FPFA, FICD

Referral to: ☐ Dr Jonathan Christo ☐ Next available

Patient Details

Date / /

Name _____

Address _____

_____

Phone _____ DOB ____ / ____ / ____

Tooth Number _____

Symptoms

Intensity (scale 0 – 10) & Duration _____

☐ Subsides quickly ☐ Lingers ☐ Continuous

Temperature Sensitivity ☐ Cold ☐ Hot

TTP ☐ Yes ☐ No

Swelling ☐ Yes ☐ No

Current Status

☐ Pain requiring diagnosis & management

☐ RCT required but not commenced

☐ RCT has been initiated

☐ This tooth has previously had RCT

☐ Management of trauma

Clinical Notes

_____

_____

_____

_____

_____

Radiographs: ☐ Emailed ☐ Posted ☐ With Patient ☐ No Radiographs

Referral by Dr.

Name _____

Address _____

Phone _____

Email _____