



AUSTRALIAN DENTAL SPECIALISTS

Professional Excellence

Dr Varayini **Yoganathan**
ENDODONTIST
BDS, DClinDent (Endo)

Patient Name: _____ Date: _____

TREATMENT:

- | | |
|---|---|
| <input type="checkbox"/> Consultation/Prognosis | <input type="checkbox"/> Internal/External Resorption |
| <input type="checkbox"/> Diagnosis of Pain | <input type="checkbox"/> Non-vital Bleaching |
| <input type="checkbox"/> Root Canal Treatment | <input type="checkbox"/> Post Removal |
| <input type="checkbox"/> Apical Surgery | <input type="checkbox"/> Perforation Repair |
| <input type="checkbox"/> Trauma Management | <input type="checkbox"/> Intravenous Sedation |

TOOTH:

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

- Construct a core Prepare post space (*please tick if yes*)

NOTES: _____

Referred by: _____

Address: _____

Phone: _____ Email: _____

