endo
ON GEORGE

This is to introduce: .... Date: ....

Tooth #: .... Quadrant: ....

Treatment requested: ....

....

....

....

Core requested: Y ☐ N ☐ Post space requested: Y ☐ N ☐

Antibiotic cover required: Y ☐ N ☐

Notes: ....

....

....

....

....

Referred by: ....

Referrer phone no: .... Email: ....

Report requested by: Email ☐ or Mail ☐

Specialist Endodontists

Dr Michael N. Franks
Dr Torsten H. Steinig

T 02 9299 2275
F 02 9299 8304
info@endoongeorge.com.au
www.endoongeorge.com.au

Floor 1 Suite 104–105
King George Chambers
375 George St
Sydney NSW 2000

Your next appointment:

- [ ] Dr Michael N. Franks
BDS (WITS).
CERT. ENDO (UNIV. PENN)

- [ ] Dr Torsten H. Steinig
DDS (MHH), DR MED DENT. (MHH)
MS (BCD) CERT. ENDO (BCD)

Map