



# WA ENDODONTICS

**Dr. Gus Jang**  
**Dr. Michael Khoury**  
**Dr. Jason La**

## Patient Referral

Mr/ Mrs / Ms / Miss / Mst / Dr:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relevant Medical History/ Medications (Write Below)

\_\_\_\_\_

Allergies: (Write Below)

\_\_\_\_\_

Brief Clinical History: (Write Below)      Tooth/ Teeth # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Radiograph:                      Hardcopy Enclosed ☐                      Emailed ☐

Appointment Type:              Assess & Treatment ☐              Consultation Only ☐

with      Dr. Gus Jang ☐      Dr. Michael Khoury ☐      Dr. Jason La ☐      First available ☐

## Referring Dentist

Dr \_\_\_\_\_ e-mail: \_\_\_\_\_

Practice: \_\_\_\_\_ phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WA ENDODONTICS**

**1300 W<sub>9</sub>A<sub>2</sub> E<sub>3</sub>N<sub>6</sub>D<sub>3</sub>O<sub>6</sub>**

P: 9367 8077 F: 9368 5411 E: admin@waendo.com.au



### South Perth Main Clinic

Suite 1, Southbank Central  
38 Meadowvale Avenue  
South Perth WA 6151



### Duncraig Clinic

Suite 22  
Carine Glades Commercial Centre  
6 Davallia Road  
Duncraig WA 6023



### Kalamunda Clinic

Perth Hills Specialist Centre  
182 Canning Road  
Kalamunda WA 6076