



## Cairns Periodontics Referral

Periodontics, Implants and Root Canal Therapy

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### *Referring to*

**Dr Brian E James**

*Periodontist and Implantologist*

**Dr Behrooz Eftekhar**

*Endodontist - Root Canal Therapy*

✓

  
  

Date \_\_\_\_\_

Dear \_\_\_\_\_

*Please circle*

I would like to refer the following patient for **PERIODONTICS IMPLANTS RCT**

**NAME** \_\_\_\_\_

**DOB**    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CONTACT DETAILS**    **PHONE** \_\_\_\_\_

**Address**    **and/or**    **Email** \_\_\_\_\_

Details

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Kind regards

GD

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Practice

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