



Referral Clinic (Branch):

Date of Referral:

Referring Dentist:

Dentist Contact:

Patient Name:

Patient NRIC/FIN:

Contact (Tel/HP):

Please Indicate (✓)	Treatment Needed	Tooth Number
	Cracked Tooth / Pain Assessment	
	Root Canal Treatment	
	Root Canal Retreatment	
	Post Core Composite	
	Apicoectomy	

\*X-Ray attached. Please return to my clinic ☐

Referral Notes:

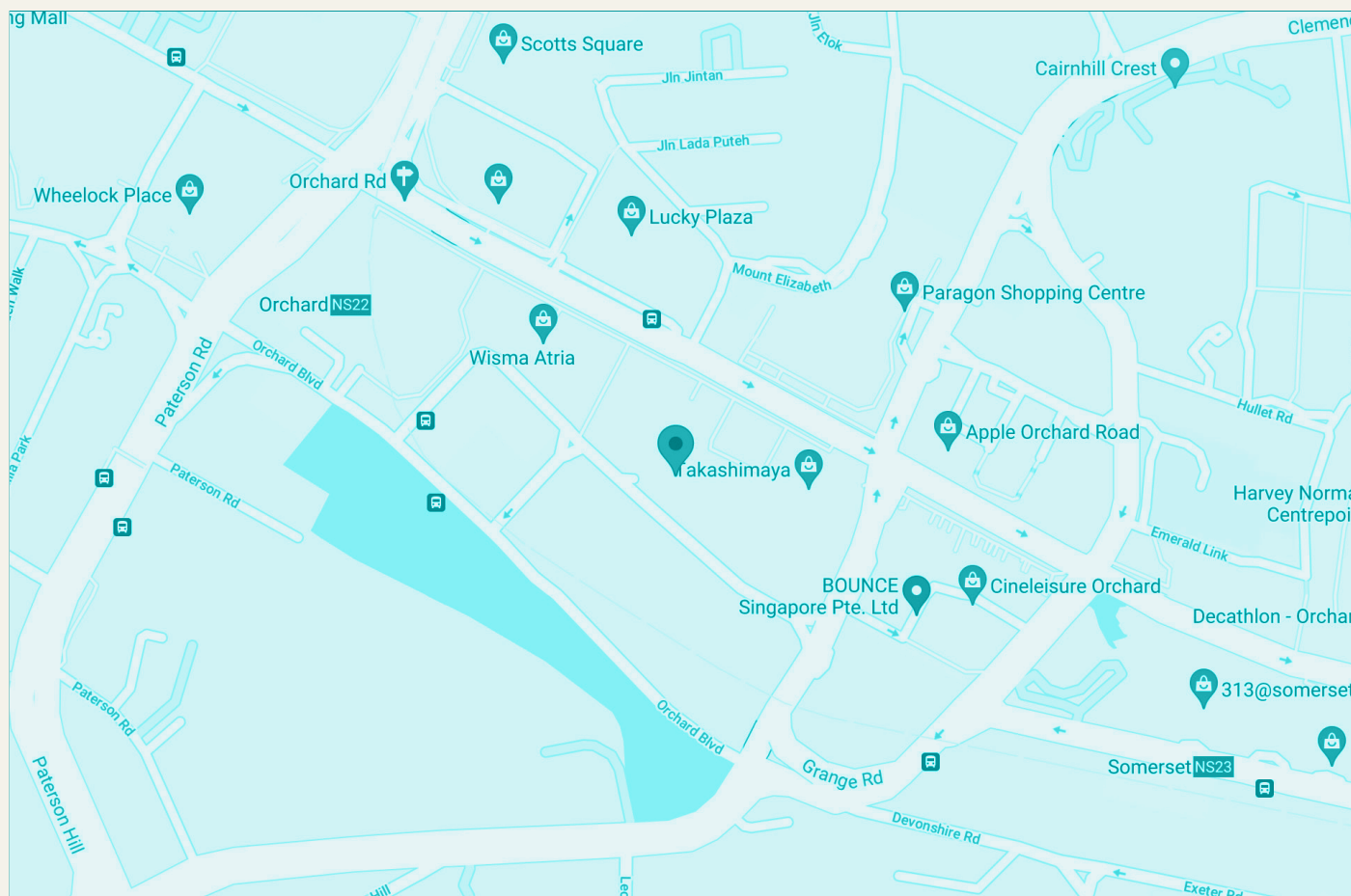


Contact us to make an appointment

Endodontist (if none specified leave blank): ☐ Dr Leslie Ang ☐ Dr Kimmy Lin

Appointment Date:

Appointment Time:



**Twin City Endodontics  
(Ngee Ann)**

391B Orchard Road,  
Ngee Ann City, Tower B, #08-07,  
Singapore 238874

Email: [ngeeann@twincityendo.com](mailto:ngeeann@twincityendo.com)  
Tel: +65 6235 9888 | Whatsapp: +65 8511 8022  
Website: [www.twincityendo.com.sg](http://www.twincityendo.com.sg)  
Monday–Friday: 9am–6pm  
Saturday: 9am–1pm



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# TANGLIN

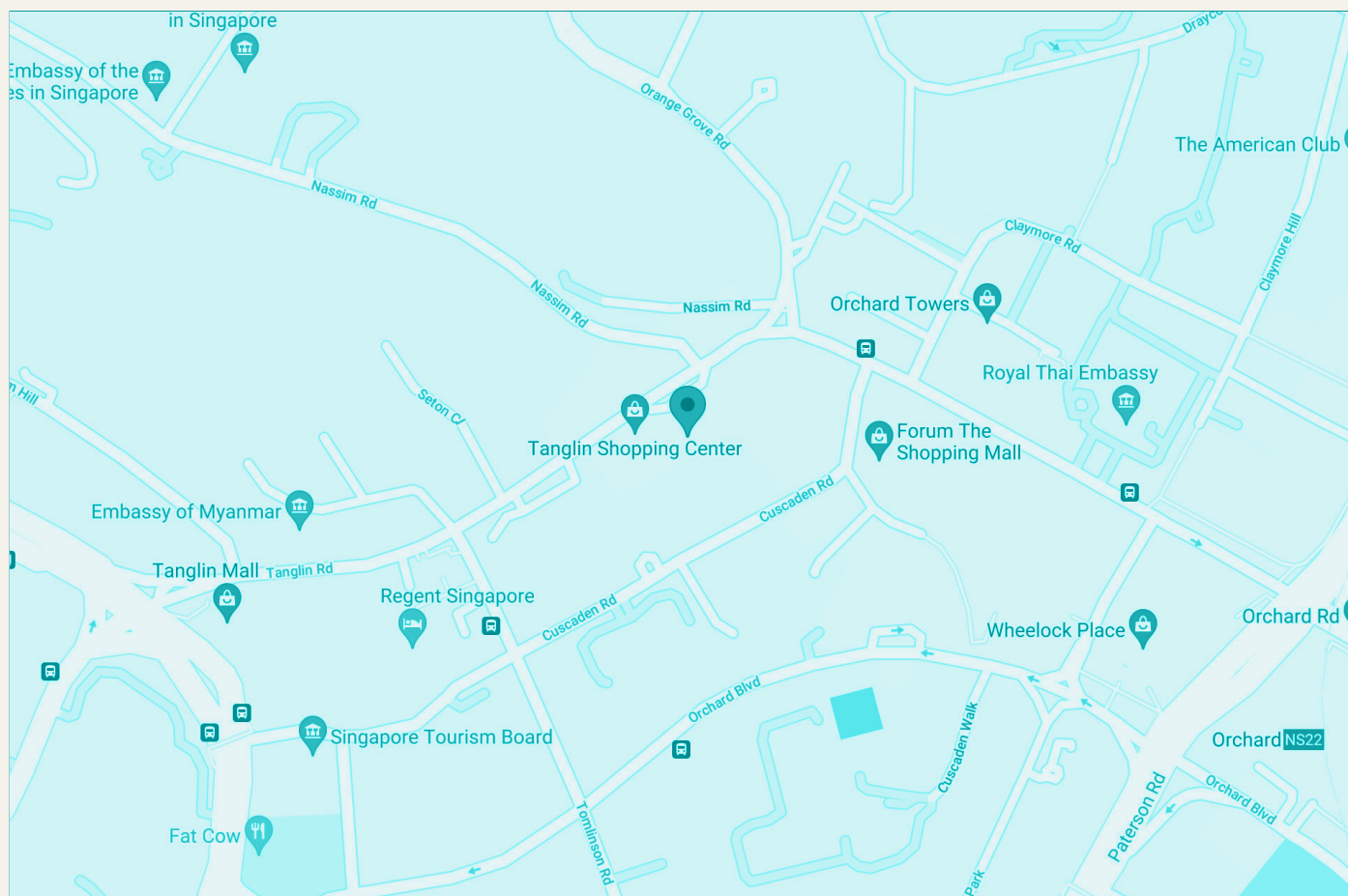
# REFERRAL FORM

Contact us to make an appointment

Endodontist (if none specified leave blank): ☐ Dr Richard Ang ☐ Dr SooHyung Kim ☐ Dr Renee Fan

Appointment Date:

Appointment Time:



**Twin City Endodontics  
(Tanglin)**

19 Tanglin Road, #06-20/21  
Tanglin Shopping Centre,  
Singapore 247909

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Tel: +65 6235 3063 | Whatsapp: +65 9012 9160  
Website: [www.twincityendo.com.sg](http://www.twincityendo.com.sg)  
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Patient Name:	Patient NRIC/FIN:
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	Apicoectomy	

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Referral Notes:



# PARKWAY PARADE

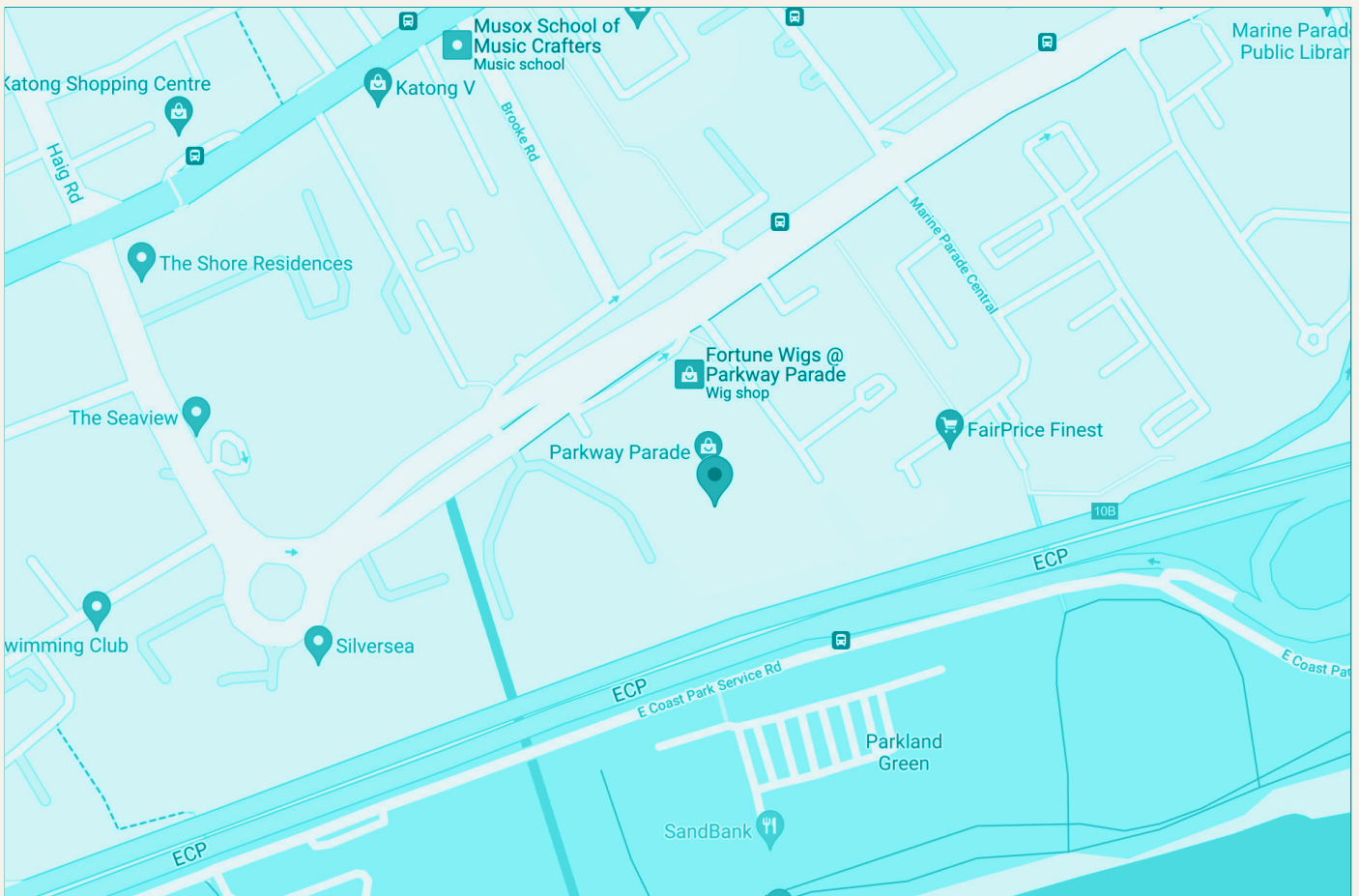
# REFERRAL FORM

Contact us to make an appointment

Endodontist (if none specified leave blank): ☐ Dr Richard Ang ☐ Dr Chng Huey Shin

Appointment Date:

Appointment Time:



## Twin City Endodontics (Marine Parade)

80 Marine Parade Road, #05-09,  
Parkway Parade Medical Centre,  
Singapore 449269

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Tel: +65 6447 2173 | Whatsapp: +65 8938 0239  
Website: [www.twincityendo.com.sg](http://www.twincityendo.com.sg)  
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