

# DR MARK JOHNSTONE

BDS<sup>Sc</sup>(Hons) D<sup>Clin</sup>Dent (Melb) MHIth&MedLaw FPFA

**SPECIALIST ENDODONTIST**

This is to introduce

DOB

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## TREATMENT

- |  |  |
|--|--|
| <input type="checkbox"/> Consultation/Prognosis  | <input type="checkbox"/> Trauma Management           |
| <input type="checkbox"/> Endodontic Treatment    | <input type="checkbox"/> Diagnosis of Pain           |
| <input type="checkbox"/> Endodontic Re-treatment | <input type="checkbox"/> Post Space Required         |
| <input type="checkbox"/> Core Required           | <input type="checkbox"/> Other: <input type="text"/> |

## TOOTH

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

## NOTES:

Referred by Dr

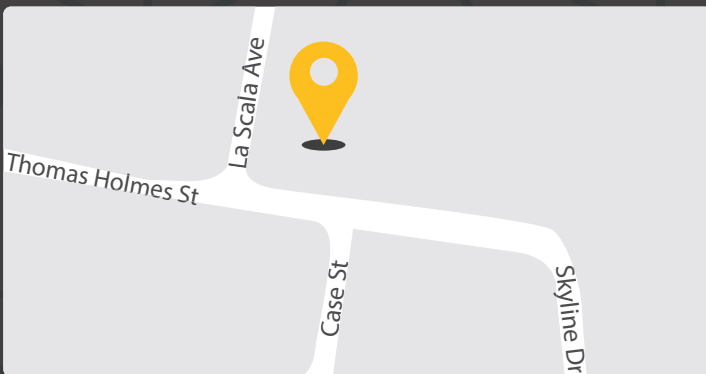
Address

Contact



# DR MARK JOHNSTONE

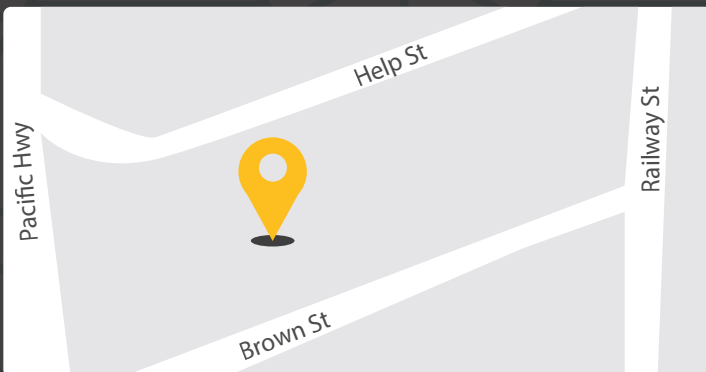
BDS<sub>c</sub>(Hons) DClinDent (Melb) MHIth&MedLaw FPFA

**SPECIALIST ENDODONTIST**





Choose this location

-  (03) 9317 5693
-  Western Dental Specialist Group,  
9 Thomas Holmes St,  
Maribyrnong VIC 3032



Choose this location

-  (02) 9411 3003
-  Gentle Endodontics,  
Level 3, 10 Help St,  
Chatswood NSW 2067

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