

Date: _____

Urgent

PATIENT DETAILS

Name: _____

Address: _____

DOB: _____

Phone: _____

Email: _____

REFERER DETAILS

Name: _____

Address: _____

Phone: _____

Fax: _____

Provider No: _____

INDICATION

Complicated tooth extraction

Wisdom teeth extractions

Ectopic/supernumerary/impacted teeth (exposures)

Pathology

Preprosthetic

Implants including full arch rehabilitation (All on 4)

Other

Facial injectables (anti-wrinkle, bruxism, filler, thread lifting, PRF)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Details:

PREFERRED CONSULTATION LOCATION

73 Keys Rd, Moorabbin

801 Toorak Rd, Hawthorn East

1007 Malvern Rd, Toorak