

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)

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

801 Toorak Rd, Hawthorn East

1128 Burke Rd, Balwyn North