



Periodontics & Dental Implants

Vincent Liew BDSc (Qld) MDSc (Qld) FRACDS  
Anthony Murphy BDSc(WA) MDSc (Syd )FRACDS FRACDS(Perio)  
Louise Hogan BDS(Syd) MDSc(Syd) FRACDS FRACDS(Perio)  
Brian Chee BDS MSc DClintDent(Perio) MFDSRCS(Eng)  
Patrick Bowman BDSc (Hons) (Qld) DCD (Perio) (Melb)

Bondi [bjinfo@wlmperiodontics.com.au](mailto:bjinfo@wlmperiodontics.com.au)  
Dee Why [dwinfo@wlmperiodontics.com.au](mailto:dwinfo@wlmperiodontics.com.au)  
Hurstville [hvinfo@wlmperiodontics.com.au](mailto:hvinfo@wlmperiodontics.com.au)

## PATIENT REFERRAL

I am referring: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The consultation is requested for indicated teeth:

	18	17	16	15	14	13	12	11		21	22	23	24	25	26	27	28	
R	48	47	46	45	44	43	42	41		31	32	33	34	35	36	37	38	L

- |   |  |
|---|--|
| <input type="checkbox"/> Gingivitis                         | <input type="checkbox"/> Other soft tissue pathology                     |
| <input type="checkbox"/> Periodontics                       | <input type="checkbox"/> Bone grafting / ridge augmentation / sinus lift |
| <input type="checkbox"/> Dental Implants                    | <input type="checkbox"/> Crown Lengthening                               |
| <input type="checkbox"/> Gingival recession / Root Coverage | <input type="checkbox"/> Surgical exposure of tooth                      |

Other reason for referral or comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records Provided:

- |   |  |
|---|--|
| <input type="checkbox"/> Intra-Oral Radiographs | <input type="checkbox"/> No Records          |
| <input type="checkbox"/> Panoramic Radiographs  | <input type="checkbox"/> Mailed / Emailed    |
| <input type="checkbox"/> CT scans               | <input type="checkbox"/> Coming With Patient |

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name (or stamp): \_\_\_\_\_ Phone: \_\_\_\_\_