

## Referral Form

### Referred to:

**Dr Greg Miller**

BDS. (Adel), Grad. Dip. Clin. Dent. (Oral Implants) (Syd), GDDSM (Adel), Dip. Imp. Dent. RCSEd, FRACDS, GAICD, FICD, FPFA

**Dr Paul Budden**

BDS. (Adel)

**Dr Eric Hsiao**

BDS. (Adel)

**Dr Rawinderpal Singh**

BDS. (Adel)

**Dr Deon Naicker**

BDS (Wits) PDD(UWC) D. Clin. Dent. (Adel) MRACDS (Endo) FRACDS. Practice limited to Endodontics

### Patient Details:

Name: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mobile: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Email: \_\_\_\_\_

### Purpose of Referral:

IV Sedation

Implant Dentistry

General Anaesthesia

General Restorative

TMJ Disorder

Management of Sleep Apnoea

Crown & Bridge

Oral Surgery

Nitrous Oxide Sedation

Orthodontics

Endodontics

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

### Comments:

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

### Action Required:

Advice & necessary treatment

Discuss alternative treatments with patient

Other \_\_\_\_\_

### Preferred Form Of Contact:

Email

Letter

Fax

### Referring Doctor:

Dr: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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



FREE 2-hour parking is available in the North Adelaide Village car park.

North Adelaide  
**DentalCare**



155 Archer Street, North Adelaide  
South Australia 5006

**Phone** 08 8267 1894 **Fax** 08 8267 2013

**Email** [nadc@adelaiddentist.com.au](mailto:nadc@adelaiddentist.com.au)

**After Hours Emergency** 0407 111 117

**[www.adelaiddentist.com.au](http://www.adelaiddentist.com.au)**