



4A Adamstown Plaza, 293 Brunner Road Adamstown NSW 2289

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Date:

Patient Name:

DOB:

Referring Dentist:

Location:

Email:

Reason for Referral

Consultation only

Gingivitis

Periodontitis

Refer back to supportive periodontal therapy

Please arrange ongoing supportive periodontal therapy

Crown Lengthening

Implant Placement

Peri-implantitis

Cosmetic Defect

Gingival Recession

Other

Clinical Notes:

Radiograph/s available and in date

Yes

No