Adelaide Tooth Removals & Dental Implants

Patient details

Name:

Dr Andrew J Chan

(08) 8164 5546 0432 317 554 (SMS) adelaidetoothremovals@gmail.com

Phone:	Date of birth:								
Consultation for:									
Extractions.	Tooth numbers:								
Extract only			& replace with dental implant (immediate or delayed)						
Dental Impl	ant(s). Tooth numbers:								
O Place implant	et(s) only Place & restore implant(s)								
For extractions pl	ease also select teeth to be co	nsidered	d for extraction:						
If you have no pre	nedical history, & preferred de	ntal imp	plant system:						
Referred by			diographs						
Dr name:			No x-rays have been taken						
Practice name:			X-rays will be emailed						
Practice suburb:		_	X-rays are with the patient						
Date:									
Referrals can be	given to the patient, emailed to	us or fa	xed to (08) 8362 6020						

Adelaide Tooth Removals & Dental Implants

Dr Andrew J Chan

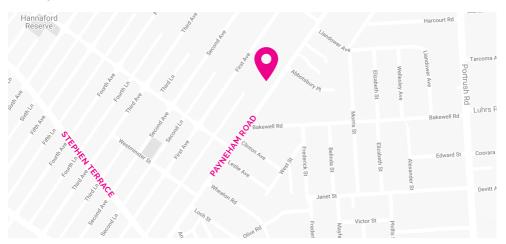
(08) 8164 5546 0432 317 554 (SMS) adelaidetoothremovals@gmail.com

To ma	ke an a	appoin	tment	call (08) 8	164	5546
-------	---------	--------	-------	--------	-------	-----	------

Appointment — date: ______time: ____

Payneham Road Dental & Specialist Centre

219 Payneham Road, St Peters, South Australia 5069



There is ample free off street parking

Please bring with you:

- This referral
- Any x-rays given to you by your dentist. These may be hardcopies or on a CD
- · An up-to-date list of your medications

Disclaimer for referring dentists

If submitting this form electronically, please ensure you have received and documented consent from your patient's to submit this referral via unsecured electronic methods such as via email.