

REFERRAL TO PERIODONTIST



Adelaide Periodontal & Implant Professionals

Pulteney Centre
Ground Floor,
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Telephone: 8223 5211
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Date/...../.....

Dear

Re: Dr/Mr/Mrs/Miss/Mst

Address

Best Contact No Date of Birth/...../.....

[] Implant [] Periodontal Management Other

Clinical Notes

(Please forward referral prior to appointment)

Radiographs Enclosed [] Yes [] No

Referral by Dr. Signature

Practice Address

Phone No Email address

[] Dr Andre Bendyk [] Dr Paul McHugh [] Dr Ying Guo [] Dr Rayner Goh