REFERRAL TO PERIODONTIST

Adelaide Periodontal & Implant Professionals

Pulteney Centre
Ground Floor,
186 Pulteney Street,
Adelaide SA 5000
Telephone: 8223 5211
admin@adelaideperio.com.au

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 ☐ Dr Isaac He