



WESTERN DENTAL
SPECIALIST GROUP

Dr Alice Huynh – Periodontist B.D.Sc Hons, D.C.D. Periodontics (Melb)

Address: 9 Thomas-Holmes St, Maribyrnong 3032 Telephone: (03) 9317 5693

Email: dralicehuynh.perio@wdsd.com.au Website: www.wdsd.com.au

<u>From:</u> CLINICIAN NAME: ADDRESS: PHONE NO:	<u>Regarding:</u> PATIENT NAME: ADDRESS: PHONE NUMBER: DOB:
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I would like to refer the above patient to you for:

- ☐ General periodontal assessment and management
- ☐ Periodontal assessment and management of a specific area
- ☐ Implant assessment and therapy, tooth number:
- ☐ Crown lengthening, tooth number:
- ☐ Recession/ mucogingival concerns, tooth number:
- ☐ Frenectomy/ pericision:
- ☐ Other, specify_____

Additional details:_____

Relevant Medical/ dental history:_____

Radiographs and other records

Record type:_____

- ☐ Email
- ☐ Hard copy

Signature:

Date: