

Periodontist

Dr Alice Huynh BDSc (Hons), DCD (Melb)

Dr David Chang BDSc (Hons), FRACDS (GDP), DCD (Melb)

Dr Jillian Ong DDS (Hons), MFDSRCS (Edin), DCD (Melb)



WESTERN DENTAL
SPECIALIST GROUP

Referring Clinician Details:

Clinician Name:

Phone:

Address:

Patient Details:

Patient Name:

Phone:

DOB: / /

Address:

Treatment:

- General periodontal assessment and management
- Periodontal assessment and management of a specific area
- Implant assessment and therapy
- Recession / Muco gingival concerns
- Frenectomy / Pericision
- Other: please specify _____

Additional comments:


Specify Tooth:


| | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| R | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | L |
| | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | |


Enclosures:


OPG / PA / CBCT / Other: _____


- Emailed
- Hard copy
- Please arrange x-rays

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