North Adelaide
DentalCare

Referral Form

Referred to:

☐ **Dr Greg Miller**
BDS. (Adel), Grad. Dip. Clin. Dent. (Oral Implants) (Syd), GDDSM (Adel), Dip. Imp. Dent. RCSEd, FRACDS, MAICD

☐ **Dr Angela Jou**
BDS. (Adel), LMusA

☐ **Dr Jonathan Rogers**
BDS. (Adel), Grad. Cert. Dent. (Adel), Dip. Imp. Dent. RCSEd, FRACDS, FICD, FPFA, FADI, GAICD

☐ **Dr Ying Guo**
BDS. (Adel), BScDent (Hons), DCD (Oral Path)

Patient Details:

Name: _____

Address: _____

Telephone: (H) _____ (W) _____

Mobile: _____ D.O.B.:_____

Email: _____

Purpose of Referral:

☐ IV Sedation
☐ General Restorative
☐ Crown & Bridge
☐ Implant Dentistry
☐ TMJ Disorder
☐ Oral Surgery
☐ Nitrous Oxide Sedation
☐ General Anaesthesia
☐ Management of Sleep Apnoea
☐ Oral Pathology
☐ Other: _____

Comments:

_____

_____

_____

_____

_____

Action Required:

☐ Advice & necessary treatment
☐ Discuss alternative treatments with patient
☐ Other _____

Preferred Form Of Contact:

☐ Email
☐ Letter
☐ Fax

Referring Doctor:

Dr: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

155 Archer Street
North Adelaide SA 5006

P 08 8267 1894
F 08 8267 2013

E nadc@adelaidedentist.com.au
adelaidedentist.com.au

FREE 2-hour parking is available in the North Adelaide Village car park.

North Adelaide DentalCare

SOUTH AUSTRALIA

Dental Practice ACCREDITED

ADA AUSTRALIAN DENTAL ASSOCIATION MEMBER

155 Archer Street, North Adelaide
South Australia 5006

Phone 08 8267 1894 **Fax** 08 8267 2013

Email nadc@adelaidedentist.com.au

After Hours Emergency 0437 733 350

www.adelaidedentist.com.au