

BENOWA MANSIONS PERIODONTAL PRACTICE - IMPLANT REFERRAL FORM
DENTAL IMPLANTS FOR LIFE

REFERRAL TO: Neil Latcham MDSc (Qld) - Periodontist
 Agnes Poon MDSc (Qld) - Periodontist
 Paul Kim MDSc (Qld) - Periodontist
 As soon as possible with any of the practioners

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Patients Name: _____ D.O.B. / / Smoker: YES NO

Patients Address: _____ Postcode: _____

Telephone (H): _____ (W): _____ (Mob): _____

Email: _____

- Appointment already arranged
 Please call patient for an appointment
 Patient will call for appointment
- Radiographs enclosed
 No relevalnt radiographs available
 Patient sent for OPG (**Please ensure patient has current OPG x-ray**)

CLINICAL EXAMINATION INDICATES A NEED FOR:

- IMPLANT EVALUATION Do not arrange Implant Prosthodontics.
 Please arrange Implant Prosthodontics as indicated.
- REGULAR PERIODONTAL EXAMINATION including pocket depths, radiographs, oral hygiemt advice and treatment indicated, followed by shared maintenance.
- PERIODONTAL EXXAMINATION, treatment and ALL this patient's Periodontal Maintenance (due to the complexity of the case). All restorative requirements will be referred back to the referring dentist.
- Limited PERIODONTAL EVALUATION for an isolated areas of pocketing, root amputation, crown lengthening procedure or other. Please specify if other:

Areas of concern include:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Restorative Treatment Plan: _____

Medical History Comments: _____

REFERRING DENTIST: _____ PHONE: _____

DATE OF REFERRAL: / / Please Call Me Prior To Seeing This Patient

FURTHER COMMENTS: _____

