

Perth Private Facial Trauma Service

Specialist Oral & Maxillofacial Surgery 'The Church', 41 Walcott Street, Mount Lawley, WA 6050

Telephone: 08 9328 3006 Fax: 08 9328 3007 Email: reception@fixjaw.com.au

REFERRAL FORM

Referring Doctor/Dentist/Clinic

Name.....Provider Number.....

Address.....

Telephone.....Fax

Email.....

Patient Details

Name Dr Mr Mrs Ms Miss

Date of birth /..... /.....

Sex: Male Female

Address.....

Telephone (1)..... (2).....

Email.....

Worker's Compensation Case Yes No If yes please complete below

Patient's employer name..... Contact name.....

Contact number.....

X-rays/Test Reports

X-rays available Yes No (Please Select)

The patient should bring any x-rays and other relevant information and test reports to their initial consultation. These can also be emailed in advance to reception@fixjaw.com.au.

Description of Injury

Location.....

Mechanism of injury.....

Did the patient lose consciousness at the time of injury? Yes No (Please Select)

Medications administered.....

Other relevant medical history & Treatment Notes.....

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