



**Specialist Oral & Maxillofacial Surgery**  
'The Church', 41 Walcott Street, Mount Lawley, WA 6050  
Telephone: 08 9328 3006 Fax: 08 9328 3007  
Email: admin@specialistomfs.com

Referring Doctor/ Dentist/Clinic _____		Patient Details _____				
Name _____		Name _____				
_____		Title	Sex	D.O.B		
Address _____		Address _____				
_____		_____				
Telephone _____		_____				
Fax _____		Telephone _____				
Email _____		Mobile _____				
Your provider Number _____		Email _____				
Radiographs Available		Radiographs attached		Format		
Yes	No	Yes	No	JPEG	TIFF	DIACOM

Treatment Required:

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Dentoalveolar	<input type="checkbox"/>	Preprosthetics	<input type="checkbox"/>	Implant	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	Pathology	<input type="checkbox"/>	Orthognathic	<input type="checkbox"/>
TMJ	<input type="checkbox"/>				

If an urgent consultation is required please call Belinda our practice manager on: 9328 3006

**Other information**

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Implant system preferred \_\_\_\_\_

Surgical guide stent \_\_\_\_\_

Study Model \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_