macarthur
PAEDIATRIC DENTISTRY

Dr. Venkatesh Bhardwaj
B.Sc, B.Dent (Hons), D.Clin.Dent (Paed Dent), MRACDS (Paed)

Referral Form

Patient Name: _____ D.O.B: _____

Address: _____

_____

Phone: _____ Email: _____

Mother's Name: _____ Father's Name: _____

Reason for referral:

- ☐ Caries
- ☐ Abscess
- ☐ Treatment under RA/GA
- ☐ Other: _____
- ☐ Enamel hypomineralisation/hypoplasia
- ☐ Dental anomaly
- ☐ Trauma

_____

Medical history: _____

_____

- ☐ Management of the above condition and provision of ongoing care
- ☐ Management of the above condition with the patient returned to you for continued care

Radiographs attached

- ☐ Bitewing/s
- ☐ Periapical
- ☐ OPG
- ☐ Cephalogram
- ☐ Tomogram

Referring Practitioner: _____

Practice address: _____

_____

Signature: _____ Date: _____

Suite 1, 21 Elizabeth Street, Camden NSW 2570
1/311 Penshurst Street, North Willoughby NSW 2068
t 02 9188 0202 e hello@macpd.net.au w macpd.net.au

See over for maps →

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