



REFERRAL FORM

Date: ____/____/____

PATIENT REFERRAL

Patient Name : _____

Date of Birth : ____ / ____ / ____

Referred By : _____

Phone Number : _____

E-Mail : _____

Patient will contact you

Please contact the patient

Periodontitis

Emergency

Dental Implants

Second Opinion

Minor Oral Surgery

Periodontal and Implant referrals will require a current OPG film

CLINICAL NOTES

Note : _____

We have a hygienist

FOR APPOINTMENTS:

NORTH LAKES SPECIALIST MEDICAL CENTRE

📍 Level 2, Unit T207/ 6 North Lakes Drive, North Lakes, QLD 4509

☎ (07) 3481 2788

FIND US

NORTH LAKES

NORTH LAKES SPECIALIST MEDICAL CENTRE

Level 2, Unit T207/ 6 North Lakes Drive, North Lakes, QLD
4509



FOR APPOINTMENTS:

NORTH LAKES SPECIALIST MEDICAL CENTRE

📍 Level 2, Unit T207/ 6 North Lakes Drive, North Lakes, QLD 4509

☎ (07) 3481 2788