• HARLEY •
DENTAL

63 Palmer Place
North Adelaide
SA 5006

08 8239 0000
reception@harleydental.com.au
harleydental.com.au

Referral Form

- ☐ **Dr Alan Broughton** PROSTHODONTIST
- ☐ **Dr Peter Hawker** PROSTHODONTIST
- ☐ **Dr Robert Ormerod** PROSTHODONTIST
- ☐ **Dr Rob Shea** DENTAL SLEEP MEDICINE
- ☐ **Dr Sachin Kulkarni** OROFACIAL PAIN
- ☐ **Dr Victor Mak** PERIODONTIST

Patient Details

Name

Address

Suburb | State | Postcode

Phone (M) | (W) | (H)

Email | DOB / /

Purpose of Referral

- ☐ Veneers/Inlays/Onlays
- ☐ Implants
- ☐ Oral Appliance Therapy
- ☐ Removable Prostheses
- ☐ Periodontal Management
- ☐ Management of Sleep Bruxism
- ☐ Crown & Bridge
- ☐ Hard Tissue/Sinus Grafting
- ☐ TMD Management
- ☐ Worn Dentition
- ☐ Soft Tissue Grafting
- ☐ Other:

Comments

Preferred Contact

- ☐ Email
- ☐ Letter
- ☐ Fax

Enclosed

- ☐ PA
- ☐ Sleep Study
- ☐ OPG
- ☐ Study Models
- ☐ Cone Beam
- ☐ Other:

Referring Dentist/Doctor

Dr

Address

Phone | Fax

Email

Signature | Date / /

Your Consultation Appointment

Time Date / /

This appointment has been reserved specifically for you. Please contact 08 8239 0000 if you need to change or cancel your appointment.

What To Bring (if applicable)

- Referral letter
- Current x-rays
- New patient form (to download & print please visit: www.harleydental.com.au)
- Other medical reports & documents
- Your Medicare card
- Private health insurance card