• HARLEY •
DENTAL

63 Palmer Place
North Adelaide
SA 5006

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harleydental.com.au

Referral Form

- ☐ **Dr Alex Caraballo** — GENERAL DENTIST
- ☐ **Dr Robert Ormerod** — PROSTHODONTIST
- ☐ **Dr Ranu Acharya** — PERIODONTIST
- ☐ **Dr Rob Shea** — DENTAL SLEEP MEDICINE

Patient Details

Name

Address

Suburb | State | Postcode

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

Email | DOB / /

Purpose of Referral

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

Comments

Preferred Contact

- ☐ Email
- ☐ Letter
- ☐ Fax

Enclosed

- ☐ PA - Bite Wings
- ☐ OPG
- ☐ Cone Beam
- ☐ Sleep Study
- ☐ Study Models
- ☐ 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. Our facility has free on-street 2hr parking bays on Palmer Place and surrounding streets.

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