

## Referring

Mr/Mrs/ Ms  
Miss/Dr/Prof:

Address:

Phone:

Mobile:

For:

EMERGENCY

DIAGNOSIS

SURGERY

Botox for Clenching / Migraines / Facial esthetics

Implant fixture placement

Impacted Wisdom teeth / Canines / Supernumerary teeth

Oro-Antral communication closure

Complicated / Surgical Extractions

Oral Pathology and Biopsy

Pre-orthodontic extractions / Exposures

Apicoectomy / Cyst Enucleation

Pre-prosthetic surgery

Platelet Rich Fibrin for extractions in  
medically compromised patients

**ANY RELEVANT  
MEDICAL HISTORY:**

Please Call To Discuss After  
Seeing The Patient

Please Call To Discuss Prior To  
Seeing The Patient

## Referred by

Dr:

Practice Name:

Phone:

Signature:

Date of Referral:

### Temporary Address

78 Maidstone Road, Ilam,  
Christchurch 8041

### Permanent Address

99A Glandovey Road,  
Entrance off Idris Road, Fendalton  
Christchurch 8041