



The **Special Needs Dentistry** Practice

ABN 99 715 023 676

Dr Emma Jay

BDS FRACDS (SND) Clinical Associate Lecturer (USyd)
Member of ADA Member of ANZASND
Registered Special Needs Dentist (Dental Board of Australia)

Dr Cecilia So

BDS (USyd) (Hons) MFDS (London)
Grad Dip Clin Dent (Oral Implants) Clinical Lecturer (USyd)
Member of ADA Member of AOS Member of ITI

Specialist Referral

Date: _____

Clinician:

First available

Dr Emma Jay

Dr Cecilia So

Patient Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone Number: _____

Mobile: _____

Reason for Referral:

Caries / Cavities

Abscess

Trauma / Fracture

Periodontitis / OH

Erosion

Unable to examine

Details: _____

Treatment to Date: _____

Treatment Required:

Restoration

Extraction

Surgical Removal of Teeth

Root Canal Therapy

Crown

Periodontal

Medical History:

/ Medications _____

Objectives of Referral:

Opinion Only

Opinion & Management of Specific Condition

General Care

Takeover Care

EPC Referral

(please include relevant documentation)

Radiographs Attached:

Bitewing

Periapical

Occlusal

OPG

Cephalogram

Tomogram/CT

Referrer Name: _____

Provider #: _____

Address: _____

Phone/Email: _____

For all appointments call 02 8622 3922 Fax: 02 9955 5033 info@toothdoctor.com.au **www.toothdoctor.com.au**

Level 1
22 Clarke Street
Crows Nest NSW 2065