Level 5 Suite 2 86 Kiora Road
MIRANDA 2228
T: 02 8513 9810
E: reception@oromaxnsw.com.au

REFERRAL
DR TOM JAUNAY

Referred by Dr: ..... Telephone: .....

Address: .....

Provider No: ..... Signature: .....

This form must be completed by a registered dental and/or medical practitioner to be eligible for Medicare rebate for consultation.

Date: .....

Patient Name: .....

DOB: .....

Patient Address: .....

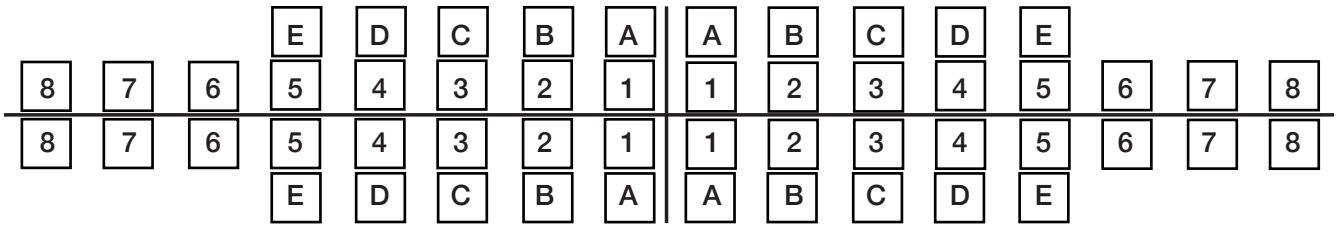
Patient Phone: .....

Consultation for: .....

.....

Surgical Removal of: .....

Please handwrite teeth numbers and also circle below.



☐ Exposure of indicated teeth

☐ Corrective jaw surgery

☐ Oral pathology

☐ Facial fractures

☐ Preprosthetic oral surgery including Dental Implants (System preferred)

Other reasons for referral or comments:

.....

.....

.....

RADIOGRAPHS

☐ Radiographs posted/emailed to Oromax

☐ Radiographs given to patient

☐ No Radiographs

☐ Organised Radiograph for patient to bring.

FOR ALL APPOINTMENTS T | (02) 8513 - 9810

YOUR CONSULTATION APPOINTMENT IS ON:

Date: **Time:**

This appointment has been reserved specifically for you.
Please contact 8513 - 9810 if you need to change or cancel this appointment.

Please assist us by providing the following information at the time of your initial consultation:

- Your referral.
- X-rays (if applicable).
- A list of medications you are presently taking.
- Your GPs name, address and telephone number.
- If you have medical or dental health insurance, please bring the necessary information.
- Your Medicare card.

(Please tick location to which the patient is referred)

DR TOM JAUNAY

☐ **DARLINGHURST** *318 Liverpool St - Level 1*

☐ **HURSTVILLE** *288 Forest Road - Level 9 Suite 6*

☐ **MIRANDA** *86 Kiora Road - Level 5 Suite 2*

To save time, complete your registration details online

Scan for more information