

SYDNEY CITY
225 Macquarie Street - Level 2
HURSTVILLE
288 Forest Rd - Level 9 Suite 6
MIRANDA
86 Kiora Rd - Level 5 Suite 2

REFERRAL
DR TOM JAUNAY



T: 02 8513 9810
E: reception@oromaxnsw.com.au

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 handwritten teeth numbers and also circle below.

			E	D	C	B	A				A	B	C	D	E			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
			E	D	C	B	A				A	B	C	D	E			

- ☐ Exposure of indicated teeth
- ☐ Oral pathology
- ☐ Preprosthetic oral surgery including Dental Implants (System preferred)
- ☐ Corrective jaw surgery
- ☐ Facial fractures

Other reasons for referral or comments:

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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:

This appointment has been reserved specifically for you.

Date:

Time:

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)

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Scan for more
information