PUTNEY
PERIODONTICS
Specialist Care for Gums and Implants

Dr Jeremy Vo
Specialist Periodontist
BDS (Adel) DClinDent (Syd) MRACDS (Perio)

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PATIENT DETAILS

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____ Telephone: _____

REASON(S) FOR REFERRAL (Please tick)

- ☐ Periodontics
- ☐ Gingivitis
- ☐ Dental implants
- ☐ Gingival recession / root coverage
- ☐ Soft tissue pathology
- ☐ Bone grafting / sinus lift
- ☐ Crown lengthening
- ☐ Surgical exposure

CONSULTATION IS FOR THE REQUESTED TEETH

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

ADDITIONAL COMMENTS

_____

_____

_____

CURRENT RADIOGRAPHS

- ☐ Periapicals / Bitewings
- ☐ OPG
- ☐ Cone beam CT
- ☐ Emailed
- ☐ With patient
- ☐ No radiographs

REFERRING DENTIST DETAILS

Please call following initial consultations: Y / N

Name: _____ Practice Name: _____

Address: _____

Email: _____ Telephone: ( ) _____

PLEASE EMAIL COPY OF REFERRAL TO INFO@PUTNEYPERIODONTICS.COM.AU