

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

📍 Ryde & Crows Nest

Dr Rachel Lee
Specialist Periodontist
BoralH/CDipDent (QLD)
DClinDent (Perio) (QLD)

📍 Ryde

Dr Denise Hsueh
Specialist Periodontist
BDS, DClinDent (Perio)

📍 Ryde

PATIENT DETAILS

Title: _____ First Name: _____ Surname: _____

Address: _____

Telephone: _____ Date of Birth: _____

REASON(S) FOR REFERRAL (Please tick)

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

Date of Referral: _____ Immediate / Urgent care required

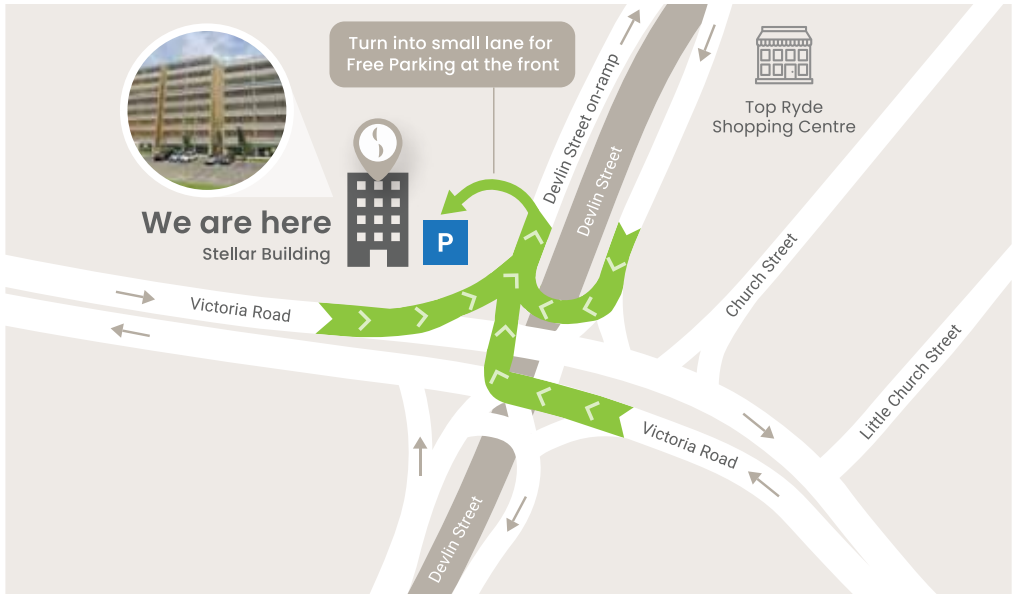
Name: _____ Practice Name: _____

Address: _____

Email: _____ Telephone: _____

Ryde

C02 39 Devlin Street, Ryde NSW 2112
On-site parking available (access via Devlin Street on-ramp)



Crows Nest

Suite 104, Level 1/22 Clarke St, Crows Nest NSW 2065

