



SYDNEY SPECIALIST DENTAL GROUP

PATIENT NAME

DATE OF BIRTH

ADDRESS

CONTACT PHONE

PARENT'S NAME

REASON FOR REFERRAL/CLINICAL ASSESSMENT

- Medically compromised/Special needs patient
 - Caries/Early childhood caries
 - Mineralisation defects
 - Dental trauma
 - Pathology/Dental anomaly
 - Anxiety/Management under general anaesthesia
 - Wisdom teeth
 - Other
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CLINICAL NOTES

MEDICAL HISTORY

TREATMENT REQUEST

- Management of the above condition and provision of ongoing care
- Management of the above condition and patient returned for ongoing care

REFERRING DENTIST

REFERRING DENTIST CONTACT DETAILS

DATE OF REFERRAL

Paediatric Dentists

- Dr Diane Tay** BDSc(Hons), DCLinDent (Paed Dent), MRACDS (Paed Dent), IPPAHC (Child Health)
- Dr William Tang** B.Pharm (Hons), B.Dent (Hons), D.Clin.Dent (Paed Dent), MRACDS (Paed)

Orthodontics

- Dr Vanessa Jimenez** BDS, DCLinDent (Ortho), MOrthRCS (Ed), MRACDS (Ortho)