REFERRAL FOR SPECIALIST PERIODONTAL/IMPLANT CONSULTATION



Address:	Patient Name:			D.O.B:		
Reason for referral: Perio Perio Surgery Implant X-Rays Included: BW PA OPG Date: / / Relevant Medical History: Preferred Clinician: Dr. Amy Hope Dr. Zahida Oakley	Address:					
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Preferred Clinician: Or. Amy Hope Or. Zahida Oakley	X-Rays Included:	BW PA	OPG	Date:	/ /	
Preferred Clinician: Or. Amy Hope Or. Zahida Oakley	Relevant Medical F	listory:				
		y				
	Preferred Clinician:	☐ Dr. Amy H	ope Or. Z	ahida Oakley		
Referred by:	Referred by:					
Practice:	Practice:					
Date:/	Date: /	/				

WHY HAVE I BEEN REFERRED?

Your dentist has concerns for your gum health and has requested a specialist to investigate this in more detail.

A periodontist is a specialist dentist with further training and expertise to manage diseases of the gums, including replacement of lost teeth with implants.

For more information please see our website centralperiodonticsimplants.com.au

GETTING HERE



OPENING HOURS

Mon – Fri 8 - 5pm



2 min walk from Mount Lawley Train Station

Ample parking on Railway Parade opposite entrance

