Level 2, 66 Rundle Street
Kent Town SA 5067
P: 08 8232 3525
F: 08 8232 3527
E: reception@oromax.com.au

oro max

REFERRED BY DR:	**PROVIDER NO:**
ADDRESS:	
TELEPHONE:	**SIGNATURE:**

This form must be completed by a registered dental and/or medical practitioner to be eligible for Medicare rebate for consultation.

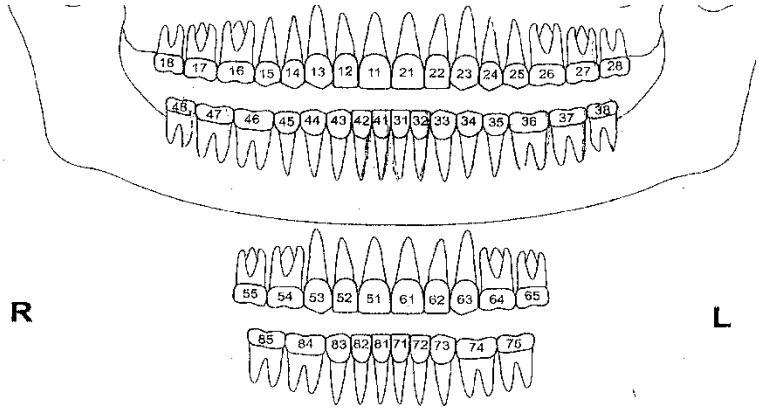
REFERRAL TO:

❑ Dr Bruce Robinson ❑ Dr Miles Doddridge ❑ Dr Paul Sambrook
❑ Dr Tom Jaunay ❑ Dr Justin Collum ❑ Dr Glen Carter
❑ Dr Kristen Candy ❑ Next Available Surgeon

DATE: .....
PATIENT NAME: .....
DOB: .....
PATIENT ADDRESS: .....
PATIENT EMAIL: .....
PATIENT PHONE: .....
CONSULTATION FOR: .....
.....
.....

SURGICAL REMOVAL OF: .....

Please handwrite teeth numbers and also circle below.



❑ **Exposure of indicated teeth**
❑ **Oral pathology**
❑ **Corrective jaw surgery**
❑ **Facial Fractures**
❑ **Preprosthetic oral surgery including Dental Implants (System preferred)**

Other reasons for referral or comments:

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.....
.....

RADIOGRAPHS

❑ **Radiographs posted to Oromax**
❑ **No Radiographs**
❑ **Radiographs given to patient**
❑ **Organised Radiograph for patient to bring**

YOUR CONSULTATION APPOINTMENT IS
AT: .....
ON: .....

This appointment has been reserved specifically for you.
Please contact 8232 3525
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 and 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