OMFS ORAL AND MAXILLOFACIAL SURGEONS

Timothy C.S. Probert
M.D.Sc (Melb), F.R.A.C.D.S.(O.M.S.)

Referral for Surgical Opinion/Treatment

Dear Tim,

I wish to refer to you: _____

Address: _____

Telephone: _____ D.O.B: _____

For:
- ☐ Consultation and treatment
- ☐ Other: _____

Regarding:
- ☐ Extraction of the following tooth/teeth/root(s) _____
- ☐ Implants to replace missing tooth/teeth
- ☐ Facial Injury
- ☐ Pathological lesion in mouth or jaw(s)
- ☐ Orthognathic (Corrective Jaw) Surgery, Malocclusion

Comments:

Please Note: ☐ Radiographs enclosed ☐ Please arrange x-rays or ☐ Patient bringing x-rays
☐ Indefinite Referral ☐ 12 Months

Referred by Dr: _____ Provider Number: _____

Address: _____

Email: _____ Phone Number: _____

Signature: _____

Date: _____ ☐ I agree to correspondence by email

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Level 5, 766 Elizabeth Street **Melbourne**
7 Dawson Street **Ferntree Gully**
842 Old Calder Hwy **Keilor**
160 McKinnon Road **McKinnon**

116 Pine Avenue **Mildura**
134 Tanti Avenue **Mornington**
200 High Street **Templestowe**
803 Malvern Road **Toorak**