

Patient Referral - Treatment under Sedation

Date: X-rays included

Patient has consented to be contacted by Queen Street Dental

Patient Details: DOB:

Address:

Phone: Email:

Preferred Dentist

First available Dr Greg Morton Dr Nick Cusack Dr Ally Coombs (GA only)

Reason for Referral

- | | |
|---|---|
| <input type="checkbox"/> Preventative treatment | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Restorative treatment | <input type="checkbox"/> Strong gag reflex |
| <input type="checkbox"/> Extraction/s | <input type="checkbox"/> Cognitive impairment |
| <input type="checkbox"/> Wisdom teeth | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Dental phobia | |

Other:

Referring Practitioner

Name: Phone:

Practice: