

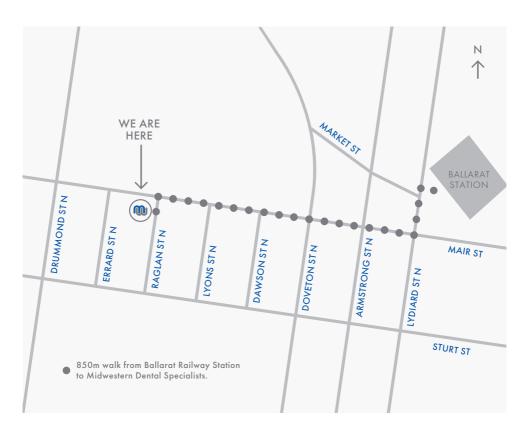
V I C T O R I A N ORAL & FACIAL SURGEONS

Dr Michael Qiu Oral & Maxillofacial Surgeon BDS MBBS FRACDS (OMS)

INTRODUCING PATIENT:	DOB:			
ADDRESS:				
PHONE:	EMAIL:			
REASON FOR REFERRAL:				
Surgical removal of teeth or Dental implants and/or bon Pathology (bone, mucosa, s	Orthognathic Surgery / Corrective Jaw Surgery Facial Trauma Temporomandibular Joint Conditions			
AREAS OF CONCERN:				
18 17 16 15 14	13 12 11	21 22	23 24 25	
48 47 46 45 44	43 42 41	31 32	33 34 35	5 36 37 38
RELEVANT RADIOGRAPHS: PA OPG CBCT Attached Emailed Patient to bring Web server Please provide a copy of any recent and relevant radiographs to aid in the treatment of your patient				
REFERRING DENTIST AND PR	ACTICE:			
PHONE:	EMAIL:			
DATE OF THIS REFERRAL:				
APPOINTMENT:	Patient to cor	itact MWDS	MV	VDS to contact patient

*It is always preferable to receive a copy of this referral prior to the appointment





BOOKING AN APPOINTMENT:

If your referring dental practice has not already done so, please contact our reception to arrange an appointment.

It is always preferable if you or the referring dentist can provide us with this referral and any x-rays or reports prior to your scheduled appointment.

ARRIVAL TIME:

If this is your first visit to Midwestern Dental Specialists, please arrive 10 minutes prior to your scheduled appointment time to complete the necessary medical and contact forms.

PARKING:

Parking is available along Raglan St North and surrounding areas, however these can fill up quickly on school days.