



**MIDWESTERN  
DENTAL  
SPECIALISTS**

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**MIDWESTERN  
ALIGNER  
ORTHODONTICS**

## Dr Amanda Leen Orthodontist

BDS (Hons), DCD, Australasian Orthodontic Board Certified

INTRODUCING PATIENT:  DOB:

ADDRESS:

PHONE:  EMAIL:

### REASON/S FOR REFERRAL:

<input type="checkbox"/> Crowding	<input type="checkbox"/> Smile aesthetics	<input type="checkbox"/> Skeletal discrepancy
<input type="checkbox"/> Spacing	<input type="checkbox"/> Gummy smile	<input type="checkbox"/> Pre-restorative management
<input type="checkbox"/> Deep bite	<input type="checkbox"/> Attrition	<input type="checkbox"/> Impacted teeth
<input type="checkbox"/> Open bite	<input type="checkbox"/> Crossbite/s	<input type="checkbox"/> Hypomineralised molars
<input type="checkbox"/> Overjet	<input type="checkbox"/> Missing teeth	<input type="checkbox"/> Other

### AREAS OF CONCERN:

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### RELEVANT RADIOGRAPHS:

OPG     Lateral Cephalogram     Attached     Patient to bring     Web server

*Note: our office will refer the patient for required imaging when they make initial appointment, you do not have to pre-arrange unless you are booking the appointment on their behalf*

REFERRING DENTIST AND PRACTICE:

PHONE:  EMAIL:

DATE OF THIS REFERRAL:

APPOINTMENT:     Patient to contact MWDS     MWDS to contact patient

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