MIDWESTERN DENTAL SPECIALISTS

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Dr Nicholas Palfreyman

Prosthodontist

BDSc (Hons), FRACDS (GDP), DCD (Pros)

INTRODUCING PATIENT: _____ DOB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

REASON FOR REFERRAL:

- ☐ Crowns/onlays/veneers
- ☐ Fixed bridgework
- ☐ Dental implants
- ☐ Aesthetic management
- ☐ Removable prosthesis
- ☐ Cracked tooth management
- ☐ Worn dentition
- ☐ Multi-disciplinary treatment
- ☐ Full mouth rehab

AREAS OF CONCERN:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

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RELEVANT RADIOGRAPHS:

☐ PA ☐ OPG ☐ CBCT ☐ Attached ☐ 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 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*