MIDWESTERN
DENTAL
SPECIALISTS

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Dr Brent Woods

Oral & Maxillofacial Surgeon

BSc MBBS BOralH GDipDent FRACDS (OMS)

VICTORIAN
ORAL & FACIAL SURGEONS

INTRODUCING PATIENT: ____________ DOB: ____________

ADDRESS: ____________

PHONE: ____________ EMAIL: ____________

REASON FOR REFERRAL:

- ☐ Surgical removal of teeth or roots
- ☐ Dental implants and/or bone grafting
- ☐ Pathology (bone, mucosa, skin)
- ☐ 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	26	27	28
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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 ☐ 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 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*