



Dr Michael Stubbs
Oral Medicine Specialist
BDS, MDS, MDSc, FRACDS

INTRODUCING PATIENT: DOB:
ADDRESS:
PHONE: EMAIL:

REASON FOR REFERRAL:

Temporomandibular disorder Oro-facial pain Hard tissue pathology
 Oral mucosal condition Sleep apnoea Other

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:

APPOINTMENT: Patient to contact MWDS MWDS 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:

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