



# Dr Nicholas Palfreyman

## Prosthodontist

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

INTRODUCING PATIENT:  DOB:

ADDRESS:

PHONE:  EMAIL:

### REASON FOR REFERRAL:

<input type="checkbox"/> Crowns/onlays/veneers	<input type="checkbox"/> Aesthetic management	<input type="checkbox"/> Worn dentition
<input type="checkbox"/> Fixed bridgework	<input type="checkbox"/> Removable prosthesis	<input type="checkbox"/> Multi-disciplinary treatment
<input type="checkbox"/> Dental implants	<input type="checkbox"/> Cracked tooth management	<input type="checkbox"/> Full mouth rehab

### AREAS OF CONCERN:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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:

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.