Referral to The Dental Specialist

the dental specialist

Please circle: Dr / Mr / Mrs / Miss / Ms / Other

Patient name: _____

DOB: _____ / _____ / _____

Phone number: _____

Email address: _____

Address: _____

Referring to:

- **Dr Ben Sellick** (ADL, HBA)
- **Dr Mansoor Walipoor** (ADL, HBA)
- **Dr Dale Gerke** (ADL, HBA)
- **Dr Lucas Ciacciarelli** (ADL)
- **First Available**

Tooth number(s):

PAs included: YES / NO

Imaging provided:

OPG / CBCT / Intra-oral Scanning

Practice location:

- 313 Goodwood Rd, Kings Park, SA 5034
- Level 11, 188 Collins St, Hobart, TAS 7000

Reason for referral:

- Crown / Bridge / Veneers
- Implant/s
- Extraction/s
- All-on-X
- Tooth wear
- Removable prostheses
- Aesthetics
- TMJ

Other / Additional information:

_____

_____

Referring practice: _____

Referring Dr: _____ Phone: _____

Email: _____

Contact us: admin@thedentalspecialist.au | ADL: 08 8318 5034 | HBA: 03 6135 4040