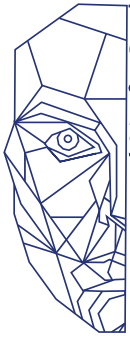


REFERRAL PAD



Townsville
Oral
and
Maxillofacial
Surgery

THIS REFERRAL IS FOR:

- Dr Benjamin Rahmel
- Dr Lakshmi Ramalingam
- No preference / 1st available

ABN: 98 615 425 235

138 Ross River Rd, Mundingburra Q4812

www.tsvoms.com

admin@tsvoms.com

(07) 4771 4443



REFERRING DOCTOR

Name _____

Address _____

Phone _____ Provider Number _____

Signature _____ DATE OF REFERRAL / /

I have provided an OPG within the last 12 months as required for review (where appropriate).

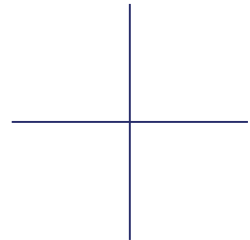
PATIENT DETAILS

Name _____

Address _____

Phone _____ D.O.B. _____

- Dental Extractions
 - 3rd Molar teeth
 - other teeth
- Implants
- Trauma/Fractures
- Oral Pathology
- TMJ Disorders
- Orthognathic Surgery
- Other



Details including relevant Medical History
