

Referral Information

Patient Name:

DOB:

Telephone:

Condition requiring opinion/treatment:

Relevant Medical History:

To be seen at:

- Kew 203 Barkers Road, Kew 3101
- City Suite 3, Level 7, 20 Collins St, Melbourne 3000
- Dandenong Specialist Dental Clinic, 77 Stud Road, Dandenong 3175
- Frankston Bayside Dental Specialist Centre, 30 Cranbourne Road, Frankston 3199
- Mulgrave 389 Police Road, Mulgrave 3170

X-Ray films:

Have / Have not been taken

- Are with patient
 - Have been posted (to Suite 5, 10th Floor, 20 Collins Street, Melbourne 3000)
 - Have been emailed (referrals@omsg.com.au - patient name in subject line please)
-

Referring Practitioner:

Provider Number:

Clinic:

Address:

Date:
