

Referring Dentist:	
Practice Address:	
Patient Name:	
Patient D.O.B:	Patient contact number:
Date of Referral:	
<u>Endodontist</u> Tel: (07) 3395 2299	<u>Periodontist</u> Tel: (07) 3395 2533
Dr Glen Weston	Dr Susan Wynne
Dr Ross Fulcher	Dr Soo Jin Lim
Root canal therapy	Periodontal assessment
Other	Mucogingival surgery
If a CBCT is required, it is our preference to take this in our rooms. This allows for optimization of the imaging.	Crown lengthening
	Implant consultation
	Peri implant disease
Relevant history or treatment plan:	

## Electronic referrals and digital images can be sent to: <a href="mailto:reception@chdsc.com.au">reception@chdsc.com.au</a>

The practice has a CBCT and OPG machine and extra-oral radiographs can be taken as required.

Radiographs: 
□ Emailed 
□ With patient 
□ Posted 
□ None Available