

**Patient Details:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

**Referring Practitioner:**

Doctor: \_\_\_\_\_

Referral date: \_\_\_\_\_

Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

Practice: \_\_\_\_\_

**Reason For Referral:**

- ☐Crown and Bridge   ☐Worn dentition   ☐Veneers   ☐Full mouth rehabilitation   ☐Retreatment  
☐Removable prostheses   ☐Sinus lift   ☐All-on-4   ☐Soft tissue grafting   ☐Trauma management

Implants

- ☐Implant only   ☐Implant and definitive prosthesis   ☐Implant provisionalisation   ☐Implant complication

Other reason for referral \_\_\_\_\_

**Clinical Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be Emailed:**

- ☐OPG   ☐CBCT   ☐Photographs

**Communication Preference:**

- ☐Phone   ☐Email

**North Shore Prosthodontics**

Shop 1/ 65 Parraween Street, Cremorne NSW 2090

(Ph) 02 9072 0550 (W) [www.northshoreprosthodontics.com.au](http://www.northshoreprosthodontics.com.au)

(E) [info@northshoreprosthodontics.com.au](mailto:info@northshoreprosthodontics.com.au)

For those driving, there is paid street parking on Parraween Street and 3 hours free parking at the Parraween Street council carpark which is within walking distance to our practice. Our practice is also accessible via Military road.



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