

Dr Greg Paton

Oral and Maxillofacial Surgeon
MBBS (Qld), BDS (Adel), FRACDS (OMS)



ORAL SURGERY
IMPLANT GROUP

1300DRPATON

ROBINA

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Robina QLD 4226

Please complete this form
and email us:

info@osig.com.au
www.osig.com.au

PATIENT DETAILS

Name:	Date of birth:
Phone:	Email:

PLEASE SEE THE ABOVE PATIENT FOR A CONSULTATION REGARDING

<input type="radio"/> Dental Implants	<input type="radio"/> Pre-Prosthetic Surgery		
[] Itero Scan required <u>or</u> [] Impression coping required <u>or</u> [] Dr Paton to do crown			
<input type="radio"/> Wisdom Teeth	<input type="radio"/> Oral Surgery	<input type="radio"/> Corrective Jaw Surgery	<input type="radio"/> Facial Fractures
<input type="radio"/> Removal of Teeth	Please specify below	<input type="radio"/> Oral Pathology	<input type="radio"/> Other

			E	D	C	B	A	A	B	C	D	E					
R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			E	D	C	B	A	A	B	C	D	E					

RADIOGRAPHS

<input type="radio"/> Emailed	<input type="radio"/> With Patient	<input type="radio"/> OPG / Cone Beam Required
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REFERRING DOCTOR DETAILS

Name:	Practice name:
Provider No:	Practice email:
Signature:	Referral Date:

