# ORAL SURGERY
## IMPLANT GROUP

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☐ **Dr Greg Paton**
Oral and Maxillofacial Surgeon
MBBS (Qld), BDS (Adel), FRACDS (OMS)

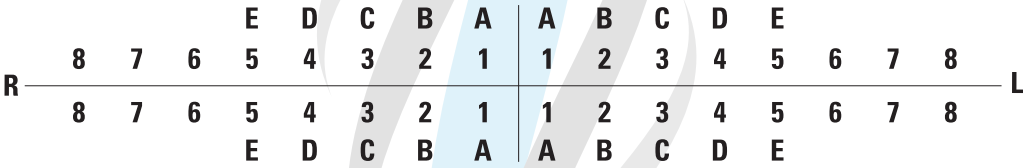
☐ **Dr Anthony Febbo**
Oral and Maxillofacial, Head & Neck and Reconstructive Surgeon
BDSc (Hons), MD, FRACDS (OMS)


## PATIENT DETAILS

| | |
|---|---|
| Name: | Date of birth: |
| Phone: | Email: |

## PLEASE SEE THE ABOVE PATIENT FOR A CONSULTATION REGARDING

| | | | |
|---|---|---|---|
| ◯ Dental Implants [ ] Please arrange PROS [ ] DO NOT arrange PROS | | | ◯ Pre-Prosthetic Surgery |
| ◯ Wisdom Teeth | ◯ Oral Surgery | ◯ Corrective Jaw Surgery | ◯ Facial Fractures |
| ◯ Removal of Teeth Please specify below | | ◯ Oral Pathology | ◯ Other |




## RADIOGRAPHS

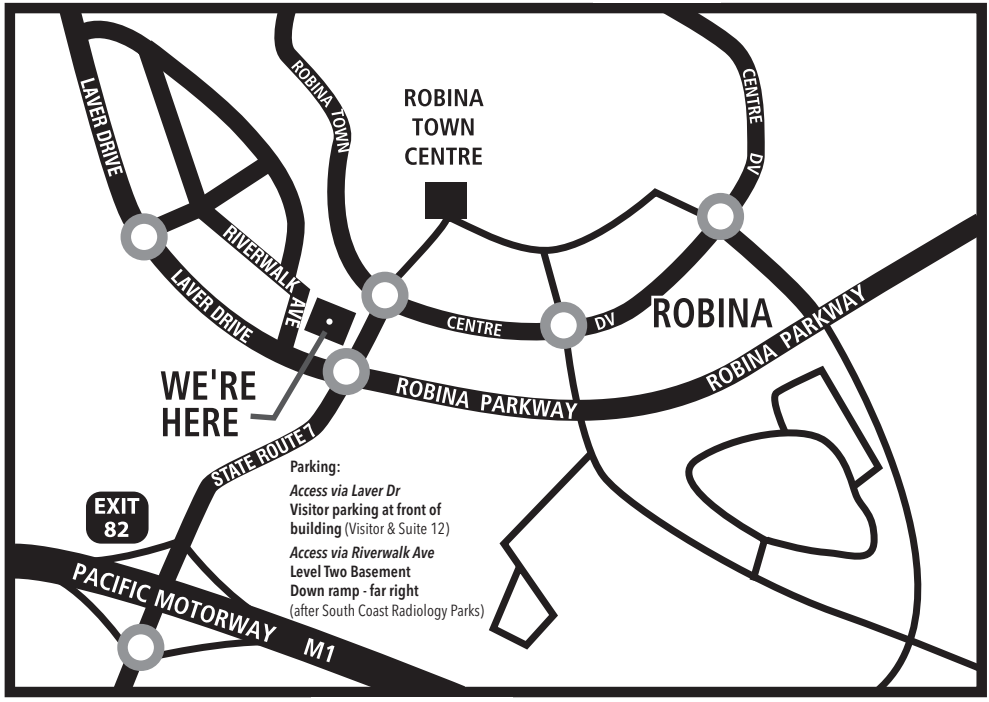
| | | |
|---|---|---|
| ◯ Emailed | ◯ With Patient | ◯ OPG / Cone Beam Required |

## REFERRING DOCTOR DETAILS

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

ANZAOMS

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS




Dental Practice Quality Innovation Performance

ACCREDITED