



CAMBERWELL  
CHILDREN'S  
DENTISTRY

SPECIALIST PAEDIATRIC DENTISTS

Dr Jane Lee  
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& Associates

430 Riversdale Road  
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reception@camberwellchildrensdentistry.com

www.camberwellchildrensdentistry.com

REFERRING PRACTITIONER

Name .....

Address .....

Email .....

Telephone No .....

Would you prefer correspondence be sent to you via:

email  post

Date of Referral .....

Patient Name ..... DOB .....

Address .....

..... Tel No .....

Medical History .....

.....

PLEASE PROVIDE CONSULTATION AND TREATMENT FOR:

- Dental caries
- Enamel defects
- Malocclusion
- Pulpitis/dental abscess
- Trauma
- Space maintenance

Other .....

THE FOLLOWING RADIOGRAPHS ARE ENCLOSED:

- Bitewing date
- OPG date
- Periapical date

BEHAVIOUR:

- Calm
- Unable to cooperate
- Anxious
- May need general anaesthetic

Comments: .....

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