



CAMBERWELL  
CHILDREN'S  
DENTISTRY

SPECIALIST PAEDIATRIC DENTISTS

Dr Jane Lee  
BDS, DCD, FADI

Dr Debra Elsby  
BDS, MFDS, DCD

& Associates

REFERRING PRACTITIONER

Name .....

430 Riversdale Road

Address .....

Hawthorn East

Email .....

Victoria 3123

Telephone No .....

T: 9882 2666 F: 9882 2557

reception@camberwellchildrensdentistry.com

www.camberwellchildrensdentistry.com

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: .....



430 Riversdale Road, Hawthorn East Victoria 3123  
T: 9882 2666 F: 9882 2557  
reception@camberwellchildrensdentistry.com  
www.camberwellchildrensdentistry.com

Dr Jane Lee  
Dr Debra Elsby  
& Associates

