



CAMBERWELL  
CHILDREN'S  
DENTISTRY

SPECIALIST PAEDIATRIC DENTISTS

Dr Jane Lee  
BDS, DCD, FADI

Dr Debra Elsby  
BDS, MFDS, DCD

& Associates

REFERRING PRACTITIONER

Name .....  
Address .....  
Email .....  
Telephone No .....

430 Riversdale Road  
Hawthorn East  
Victoria 3123  
T: 9882 2666

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: .....  
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