



CAMBERWELL CHILDREN'S DENTISTRY

SPECIALIST PAEDIATRIC DENTISTS

Dr Jane Lee
BDS, DCD, FADI

Dr Debra Elsby
BDS, DCD, MRACDS (Paeds)

& Associates

DATE OF REFERRAL:

REFERRING PRACTITIONER: Name

Dental Practice Name

Email

Telephone No

430 Riversdale Road
Hawthorn East
Victoria 3123
T: (03) 9882 2666

reception@camberwellchildrensdentistry.com
www.camberwellchildrensdentistry.com

PATIENT DETAILS: Name DOB

Address

..... Tel No

Email

Medical History

REASON FOR REFERRAL:

- Acute dental infection
- MIH
- Complex medical history
- Other
- Dental caries
- Growth and development
- Developmental anomalies
- Trauma
- Behaviour management
- Orthodontic extractions

THE FOLLOWING RADIOGRAPHS ARE ENCLOSED:

- Bitewing / Periapical date
- OPG date

BEHAVIOUR:

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

ADDITIONAL INFORMATION:

PLEASE MANAGE PATIENT:

- Current course of treatment
- Until permanent teeth erupt



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