Practice Restricted to
PAEDIATRIC DENTISTRY

JUST KIDS
DENTAL CARE

03 9887 6660 | 157 Blackburn Rd, Mt Waverley VIC 3149 | www.justkidsdentalcare.com.au | info@justkidsdentalcare.com.au

REFERRAL FORM

Patient Name ..... DOB __/__/____

Address ..... Phone .....

Relevant Medical history .....

Consultation required for:

☐ Dental Caries ☐ Eruption disorders ☐ Space maintenance

☐ Trauma ☐ Developmental defects ☐ Other

☐ Pulpitis/abscess ☐ Hypomineralisation

Behaviour: ☐ Cooperative ☐ Anxious ☐ Uncooperative

General anaesthetic needed: ☐ Yes ☐ Maybe ☐ No

Comments:

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Radiographs attached: ☐ OPG ☐ BWs ☐ Periapicals

Kindly manage: ☐ Initial course of care ☐ Until behaviour improves

☐ Until completion of permanent dentition

Referring dental practitioner:

Name ..... Date of referral .....

Address ....

Phone ..... Email .....