

REFERRAL FOR **FREE** ORTHODONTIC CONSULTATION

NAME _____

EMAIL _____ DATE OF BIRTH ____/____/____

RESPONSIBLE PARTY _____

TELEPHONE _____ ADDRESS _____

SUBURB _____ POSTCODE _____

SEX M F REFERRING DOCTOR _____ DATE ____/____/____

SURGERY ADDRESS _____ SURGERY TELEPHONE _____

REASON FOR REFERRAL

- Advice and treatment as required
- Are there any teeth of doubtful Prognosis?
- Is there any significant medical history?
- Other _____

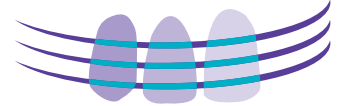
***If patient attending our Loganholme Office, FREE Digital Radiographs will be taken onsite.**

PLEASE TICK PREFERRED LOCATION:

- Loganholme
Bryants Road Medical Specialist Centre
70 Bryants Road
Loganholme
Qld 4129
- Capalaba
Suite 4, Level 1,
76 Old Cleveland Road
Qld 4157

*** Please fold & mail to our office in the reply paid envelope**

COMMENTS _____



smilestyle
orthodontics
where the choice is clear
Dr Michael Tselepis
B.D.Sc(Melb), L.D.S.(Vic), M.D.Sc.(Melb), F.R.A.C.D.S.



MAIN OFFICE

Bryants Road Medical Specialist Centre, 70 Bryants Road Loganholme Qld 4129 P: (07) 3806 2081
Suite 4, Level 1, 76 Old Cleveland Road, Capalaba Qld 4157 P: (07) 3823 5755
F: (07) 3806 3298 E: enquire@michaeltselepis.com W: www.smilestyle.biz