MYTOOTHDOCTOR™

Townsville Paediatric and Special Needs Dentistry

www.mytoothdoctor.com.au

REFERRAL FORM

Date ______________________

REFERRING DENTIST AND PRACTICE

Referring Dentist: ______________________

Name of Practice: ______________________

Address of Dental Surgery: ______________________

Phone Number: ______________________

Email Address: ______________________

PATIENT DETAILS

Name: ______________________

Date of Birth: ______________________

Name of Parent/Guardian: ______________________

Phone Number: ______________________

Email Address: ______________________

REASON FOR REFERRAL

- ☐ Consultation
- ☐ Non-pharmacologic Behaviour Management
- ☐ Treatment under Relative Analgesia
- ☐ Complex Treatment under General Anaesthetic

CLINICAL NOTES/MEDICAL HISTORY

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Radiographs enclosed: ☐ Yes ☐ No ☐ Emailed

Please email completed referral to: garret.robles@mytoothdoctor.com.au
Thank you for your referral.

"Every child is special. Each childhood experience is unique."

Garret L. Robles DMD, PGCert (Paediatric Dentistry)
DIRECTOR AND PRACTICE PRINCIPAL

Aitkenvale Family Health Centre
Tel 07 4775 5754
295 Ross River Road, Aitkenvale

Bushland Beach Medical Centre
Tel 07 4751 8999
367 Mount Low Parkway, Bushland Beach

Project Outback Dental (POD) Private Mobile Dental Service
Tel 0427 298 698
Servicing North and Central West, QLD