

REFERRAL FORM

Please complete the following form if you are a dental or medical professional, and one of our team will contact you to confirm receipt of the details and ask for any other necessary information.

FAX: (02) 9318 2593

EMAIL: drwalkersurgery@rslcom.net.au

Referring dentists

First name:

Surname:

Email:

Telephone:

Patient Information

First name:

Surname:

Email:

Telephone:

Mobile:

Date of Birth (DD/MM/YY):

Address line 1:

Address line 2:

Suburb:

Country:

Postcode / ZIP:

State:

Chief concerns:

Services (please tick all required):

- General Anaesthesia Intravenous Sedation
- Implant Surgery Only – Referral back for Restoration
- Implant Surgery & Restoration
- Bone grafting / Guided bone regeneration
- Soft tissue grafting
- Extraction / Socket preservation procedures
- Cosmetic consultation
- General dentistry

Other:

IMPORTANT

We are a certified Dental Board Sedation practice offering intravenous Sedation on a daily basis unlike other practices that bring in an anaesthetist on a monthly basis to perform their sedations. We receive referrals from many dentists for sedation & General Anaesthesia. So if you enquire elsewhere please ensure, for your security, that it is to a dental board approved sedation practice.

We offer General Anaesthesia on a regular basis at our rooms and we are one of the very, very few in the Sydney metropolitan area.