MIDWESTERN
DENTAL
SPECIALISTS

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Dr Peter Apostolopoulos

Periodontist

BDSc (Melb), GradDipClinDent (Implants), DCD (Perio)

INTRODUCING PATIENT: DOB:

ADDRESS:

PHONE: EMAIL:

REASON FOR REFERRAL:

- ☐ Periodontal disease
- ☐ Extraction
- ☐ Crown lengthening
- ☐ Dental implants
- ☐ Ridge preservation/augmentation
- ☐ Gingival recession/soft tissue grafting
- ☐ Peri-implant disease
- ☐ Frenectomy
- ☐ Other

AREAS OF CONCERN:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

RELEVANT RADIOGRAPHS:

☐ PA ☐ OPG ☐ CBCT ☐ Attached ☐ Patient to bring ☐ Web server

Please provide a copy of any recent and relevant radiographs to aid in the treatment of your patient

REFERRING DENTIST AND PRACTICE:

PHONE: EMAIL:

DATE OF THIS REFERRAL:

APPOINTMENT: ☐ Patient to contact MWDS ☐ MWDS to contact patient

**It is always preferable to receive a copy of this referral prior to the appointment*