Dr Andrew Mackie - Prosthodontist
BDS, MFGDP(UK), DClinDent(Pros), MRACDS

Crown & Bridge • Dentures • Implants

p. 07 839 2824
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e. pros@mackiedental.co.nz

Referring Dentist:

Name: _____ Practice: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Patient details:

Name: _____ DOB: _____
Address: _____
Home ph: _____ Work ph: _____ Mob: _____
Email: _____
Medical history: _____
Dental history: _____
Smoker/non-smoker/history: _____

o Requires antibiotic prophylaxis
o Partially dentate
o Edentulous
o Requires sedation
o Abrasion/Erosion
o Bruxist
o Non-ambulatory
o Loss of vertical dimension

Referral:

o Complete dentures
o Immediate dentures
o Implant overdentures
o Implant fixed bridge
o Tooth supported crown & bridge
o Dental Implants (sites) _____
o Partial denture – maxilla – mandible
o Bite splint

ACC No. _____ Date of Accident: _____
o Other _____

Notes: _____

Radiographs Enclosed:

o PAs
o OPG
o Bite wings
o Please return radiographs