

- p. 07 839 2824
- f. 07 838 2824
- a. Anglesea Clinic, 1st Floor Landing,  
cnr Anglesea & Thackeray Streets,  
P.O. Box 228, Hamilton 3240
- e. office@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/oral hygiene methods: \_\_\_\_\_

Smoker/non-smoker/history: \_\_\_\_\_

- Requires antibiotic prophylaxis     Requires sedation     Non-ambulatory

**Referral:**

Periodontal disease (Differential diagnosis) \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Gingivectomy   | <input type="checkbox"/> Frenectomy                      |
| <input type="checkbox"/> Soft tissue grafts   | <input type="checkbox"/> Periodontal regeneration        |
| <input type="checkbox"/> Crown lengthening  | <input type="checkbox"/> Percision                       |
| <input type="checkbox"/> Tooth exposure   | <input type="checkbox"/> Orthodontic anchorage implants  |
| <input type="checkbox"/> Biopsy (Differential diagnosis) _____                          |  |
| <input type="checkbox"/> Maintenance appointments                                       |  |
| <input type="checkbox"/> Dental Implants (sites) _____                                  |  |
| <input type="checkbox"/> Sinus lift required  | <input type="checkbox"/> Bone grafting                   |
| <input type="checkbox"/> Implant overdentures   | <input type="checkbox"/> Peri-implantitis/peri-mucositis |
| <input type="checkbox"/> Please restore the implant (Dr Andrew Mackie - Prosthodontist) |  |

ACC No. \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Other \_\_\_\_\_

**Notes (teeth):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Radiographs Enclosed:**

- PAS     OPG     Bite wings     Please return radiographs