

Crown & Bridge • Dentures • Implants

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: _____

Smoker/non-smoker/history: _____

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

Referral:

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

ACC No. _____ Date of Accident: _____

Other _____

Notes: _____

Radiographs Enclosed:

- PAs
- OPG
- Bite wings
- Please return radiographs