

Referral Form



Date: _____

Dear: _____

Re: _____

D.O.B: _____

WEB

www.smileteam.com.au

EMAIL

customerservice@smileteam.com.au

I WOULD LIKE TO REFER THE ABOVE CLIENT FOR ORTHODONTIC ASSESSMENT AND TREATMENT IF NECESSARY

The client's main concerns/reasons for referral are:

- X-rays given to client
- X-rays emailed to customerservice@smileteam.com.au
- OPG Headfilm Other

Doctors Name: _____

Doctors Signature: _____

NOTE: Digital OPG and Head Films are available at our

Wollongong, Shellharbour and Bowral Centres

WOLLONGONG

149 Princes Highway
Fairy Meadow
NSW 2519
Ph (02) 4220 5300

SHELLHARBOUR

10 College Avenue
Shellharbour City Centre
NSW 2529
Ph (02) 4295 9100
Fx (02) 4295 9197

BOWRAL

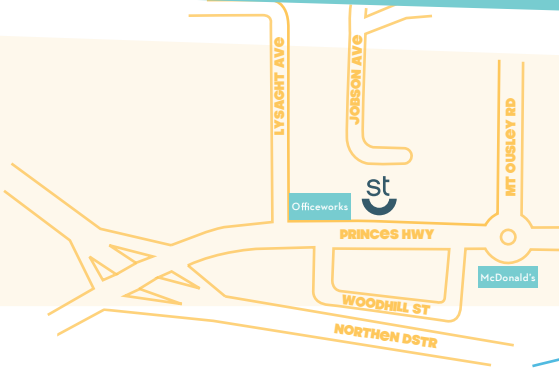
46 Station Street
Bowral NSW 2576
Ph (02) 4861 7076

PARRAMATTA

13 Grose Street
Parramatta
NSW 2150
Ph (02) 9688 3588



Location Map

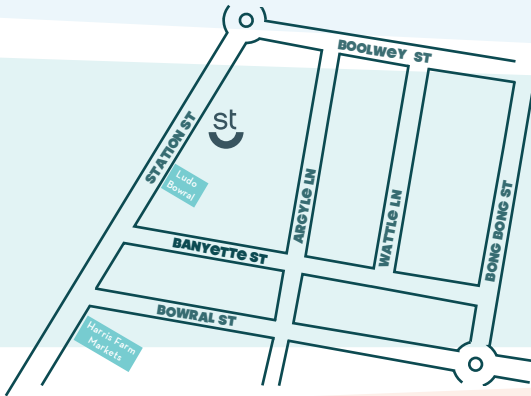
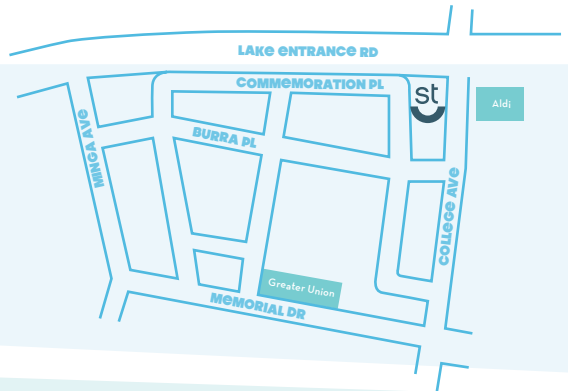


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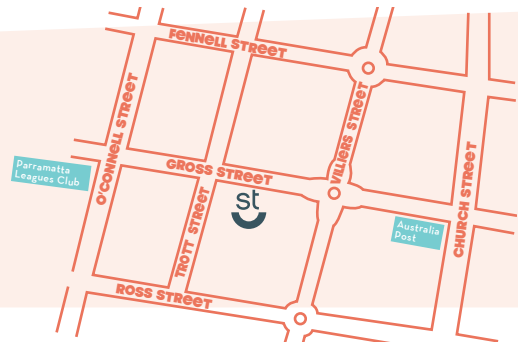


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