



Dental Specialist
Group Pty Ltd

Dr ELAINE LIM

MDS (Ortho), BDS (Univ. Medal)

Registered Specialist Orthodontist

REFERRAL

*creating beautiful smiles
& harmonious bites*

From Dr: _____ Date: ____/____/____

Address: _____

Patient Name: _____

Address: _____

Phone: _____ D.O.B: ____/____/____

Purpose for referral:

- Comprehensive orthodontic diagnosis & treatment
- Interdisciplinary management / planning
- Opinion only

I have discussed with the patient:

- Early treatment
- Functional appliance therapy
- Orthognathic surgery
- Interdisciplinary treatment

Radiographs are forwarded with the patient:

- OPG
- Other

Comments:

(Including teeth with poor prognosis, planned conservative treatment, history of periodontal disease, TMJ problems)

We would be happy to assist you with your orthodontic enquiries & appointment scheduling.

ORMOND

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KNOX

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