Hills & Country
PAEDIATRIC DENTISTRY

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Address 1A / 48–52
Mount Barker Rd Hahndorf
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Postal PO Box 607
Hahndorf SA 5245

Patient Referral Form

Patient Name: **DOB:** / /

Address:

Contact Parent/Carer:

Phone Number: **Medicare number:**

Email Address:

Private health cover: Extras ◯ Hospital Cover ◯

Reason for Referral:

Any Relevant History Comments:

Radiographs taken: Emailed ◯ OPG ◯ Bitewings ◯ PAs ◯

Referring Practitioners Name:

Practice Name:

Phone Number:

Postal Address:

Email Address:

Preferred Mode of Correspondence: Mail ◯ E-mail ◯
If possible, please call the rooms to schedule an appointment at time of referral

Consult Date: / / **Consult Time:** :