Your Referral

Dr Anthony J Oliver
Oral & Maxillofacial Surgeon

PRACTICES

- ☐ Illawarra
- ☐ North Queensland
- ☐ South Coast
- ☐ Burwood

Patient Name _____ **DOB** _____

Address _____

Mobile _____ **Email** _____ **Telephone** _____

Clinical Notes _____

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Reason for Referral

- ☐ Wisdom Teeth
- ☐ Implants
- ☐ Exposure of Teeth
- ☐ Extractions
- ☐ Oral Pathology/ Oral Medicine
- ☐ TMJ
- ☐ Bone Augmentation/ Sinus Lift
- ☐ Trauma
- ☐ Other

Radiographs

- ☐ OPG
- ☐ CBCT
- ☐ Enclosed
- ☐ To be obtained at consultation

Other _____

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Referring Doctor _____ **Provider #** _____

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*Referring Doctor Signature**

Email _____ **Telephone** _____