Southern
Oral & Maxillofacial Surgeons

Dr Brian McMillan
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Date: .....

Dear .....

I wish to refer: .....

Address: .....

Phone: ..... D.O.B: .....

E D C B A	A B C D E
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
E D C B A	A B C D E

- ☐ Surgical removal of wisdom teeth
- ☐ Surgical removal of indicated teeth / roots
- ☐ Osseointegrated implants
- ☐ Facial bone fracture
- ☐ Preprosthetic oral surgery
- ☐ Other reasons for referral or comments
- ☐ Soft tissue pathology
- ☐ Bony pathology
- ☐ Corrective jaw surgery
- ☐ Exposure of indicated teeth
- ☐ TMJ or facial pain evaluation

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Referred by Dr ....
Given Name Surname

Address: .....

Phone: .....

Provider No: ..... Signature .....

CONSULTING AT:

Beleura Private Hospital
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