



PATIENT DETAILS

Name: _____ DOB: ____ / ____ / ____

Address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Home Ph: _____

Email: _____

CONSULTATION TYPE

Radiographs attached: Yes No Type: OPG BW/PA Other

Dental Implant Placement Preferred System: _____

Management of Periodontal Disease Gingival Grafting

Crown Lengthening Management of Peri-implantitis

Tooth Exposure / Frenectomy Regenerative Procedures

Extraction Ridge Preservation

Acute Periodontal Infections Other Gingival Lesions

Clinical Details: _____

REFERRING DENTIST

Name: _____

Practice: _____

Phone: _____ Email: _____

Signature: _____ Date: ____ / ____ / ____

Thank you for your kind referral & I look forward to supporting your practice and caring for your patients

CONTACT

Contact us to make an appointment:

T 08 9387 3855

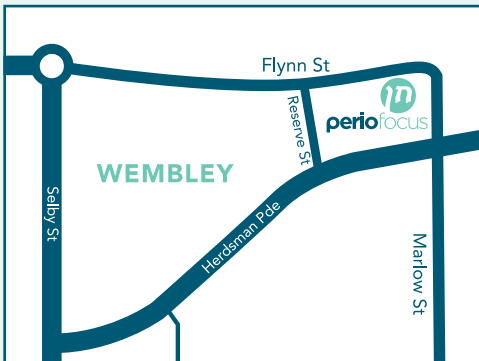
E reception@periofocus.com.au

www.periofocus.com.au

Please allow an additional 15mins to your appointment time
if you are new to the practice.

PARKING

Free parking is available on Flynn, Reserve and Marlow Streets in Wembley,
as well as on the premises at Kalamunda.



Wembley

3/61 Flynn Street Wembley WA 6014



Kalamunda

115C Canning Road Kalamunda WA 6076