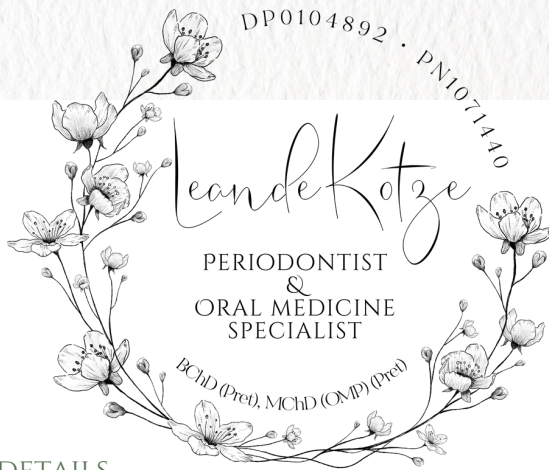




PATIENT DETAILS

Name:

Contact details:

CONSULTATION TYPE

Radiographs available: ☐ Conventional ☐ Digital ☐ None

☐ Dental implants ☐ Periodontal disease ☐ Implant complications

☐ Soft tissue surgery ☐ Oral Medicine

Clinical details:

.....

.....

REFERRING DOCTOR

Name:

Email address:

 Pretoria
Mendelssohn MED & Suites, Floor 1,
431 Mendelssohn str. Waterkloof Glen, 0181

 078 972 2702  leande@periodontalspecialist.co.za



THANK YOU FOR YOUR KIND REFERRAL. I LOOK FORWARD TO SUPPORTING YOUR PRACTICE
AND CARING FOR YOUR PATIENTS.

APPOINTMENT

Date:

Time:

PATIENT INSTRUCTIONS

- On the day of the appointment please bring:
 - This referral page
 - Current x-rays(if available)
 - Medical aid card
 - List of current medications
- If you are taking blood thinners, had heart surgery, heart valve replacement, or joint replacement surgery, please contact the office for additional instructions.
- Minors must be accompanied by a parent or legal guardian.
- If you are not able to keep your appointment, please contact the office promptly, so another patient can take your place.
- Payments can be made by cash, credit card or EFT.