DP0104892 · PN1071440

Leande Kotze

PERIODONTIST
&
ORAL MEDICINE
SPECIALIST

BChD (Pret), MChD (OMP) (Pret)

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 you 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.