

SPECIALIST PAEDIATRIC DENTISTS

Dr Michael Malandris

BDS, MDSc, FRACDS, FICD, PFA

Dr Mary Apps

BDS, BScDent(Hons), DClinDent(Paed), MRACDS

Referral Form

Patient's Details

Name	DOB
Phone Number	

Referring Clinician

Name	DATE
Practice Address	
Practice Phone	

Referral Reason

- Opinion and management of specific condition
- Opinion, management and general care
- Other

Referred to

- Dr Michael Malandris
- Dr Mary Apps
- Any

Clinical Notes / Medical History

Radiographs enclosed

- Intra-Oral x1 x2 x3
 OPG
 None

Please email referral where possible

