



**periofocus**  
SPECIALIST PERIODONTICS & IMPLANT DENTISTRY

# PATIENT REFERRAL FORM

**Dr Derrick Lee**

Specialist Periodontist  
BDS (WA) DCLinDent (Melb)  
FRACDS (Periodontics) FICOI

## 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**

3/61 Flynn Street  
Wembley WA 6014

115C Canning Road  
Kalamunda WA 6076

T 08 9387 3855  
E [reception@periofocus.com.au](mailto:reception@periofocus.com.au)

[www.periofocus.com.au](http://www.periofocus.com.au)



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## CONTACT

Contact us to make an appointment:

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

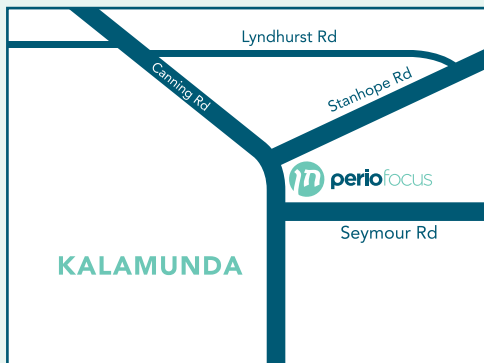
## PARKING

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

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