

Patient Referral



Balanced Smiles

Patient Details

Patient Name: _____ D.O.B: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____

Referral Details

☐ Dental Treatment

☐ Myofunctional Therapy

☐ Pediatric Patient

☐ Expansion Therapy

☐ Sleep Dentistry

☐ Orofacial Symptoms

Details: _____

Supporting Files/Images: _____

Referring Clinician Details

Clinician Name: _____ Date: _____

Position: _____

Practice Details: _____

Phone: _____ Email: _____

Find Us:

Balanced Smiles Dental Clinic
(inside Shalimar House)
48 Brady Road,
Dandenong North VIC 3175

Contact Us:

(03) 7074 5186
info@balancedsmiles.co
www.balancedsmiles.co

