THE
CG
ORTHODONTICS
ONLY GROUP

www.orthodonticsonly.com.au

Dr Peter Foo
Specialist Orthodontist
BDS (Hons) (Syd), DClinDent (Orthodontics) (Adel),
MRACDS (Orth), MOrth RCS (Edinburgh)

Referral Note

Date ______________________

Referring Dr ______________________

Phone Number ______________________

Address ______________________

E-mail ______________________

Introducing ______________________

Date of Birth ______________________

Reason for Referral:

- ☐ General orthodontic evaluation
- ☐ Crossbite / Functional Shift
- ☐ Pre-prosthetic / Implant Site Alignment
- ☐ Impacted Teeth / Surgical Orthodontics
- ☐ Orthopaedic / Functional Treatment
- ☐ Invisalign
- ☐ Protruding Teeth
- ☐ Early Treatment
- ☐ Crowding / Spacing

Additional Notes ______________________

____

Radiographs enclosed ______________________

☐ Please send me another referral pad

Crows Nest Orthodontics
Level 1, 22 Clarke St,
Crows Nest NSW 2065
Phone (02) 8622 3901
crowsnest@orthodonticsonly.com.au

Wyong Orthodontics
1A Church St,
Wyong NSW 2259
Phone (02) 4351 1881
wyong@orthodonticsonly.com.au

ADA AUSTRALIAN DENTAL ASSOCIATION INC. invisalign Australian Society of Orthodontists

Members of the Australian Dental Association
Members of the Australian Society of Orthodontists
Invisalign Accredited