



# Toothsome

Periodontics - Implants - Oral Surgery

## Dr Patty Chou

BDS DCLinDent(Perio) FRACDS(Perio)  
SPECIALIST PERIODONTIST

## Dr David Willis

BDS MBChB AMA(M)  
ORAL SURGERY

## The Hills Private Hospital

Suite 8A, 499 Windsor Road  
Baulkham Hills, NSW 2153

## Lemon Grove Shopping Centre

Shop 8, 427-441 Victoria Avenue  
Chatswood, NSW 2067

### Referring Practitioner

Name \_\_\_\_\_ Date \_\_\_\_\_  
Practice Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

Ph: +61 2 9686 8018

W: [www.toothsome.com.au](http://www.toothsome.com.au)  
E: [contact@toothsome.com.au](mailto:contact@toothsome.com.au)

### Patient Details

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tel (H) \_\_\_\_\_  
Address \_\_\_\_\_ (W) \_\_\_\_\_  
Mobile \_\_\_\_\_

- Patient to call
- Please contact patient
- Appointment:

Date \_\_\_\_\_ Time \_\_\_\_\_

#### Periodontics

- Consultation / Management
- Regeneration Procedure
- Crown Lengthening
- Mucogingival Management
- Fraenectomy / Pericision
- Canine Exposure / Bond
- Root Resection
- Other

#### Implants Therapy

- Implant Consultation
- Bone / Ridge Augmentation
- Sinus Augmentation
- Mucositis / Peri-implantitis
- Implant Maintenance
- Other

#### Oral Surgery

- Consultation
- Wisdom Teeth
- Extraction(s)
- Orthodontic Expose / Bond
- Pre-prosthetic Surgery
- Oral Pathology / Biopsy
- Other

#### Tooth Number(s)/Site(s)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	D	C	B	A	A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	7	6	5	4	3	2	1	1	2
3	4	5	6	7	8				
8	7	6	5	4	3	2	1	1	2
3	4	5	6	7	8				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	D	C	B	A	A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

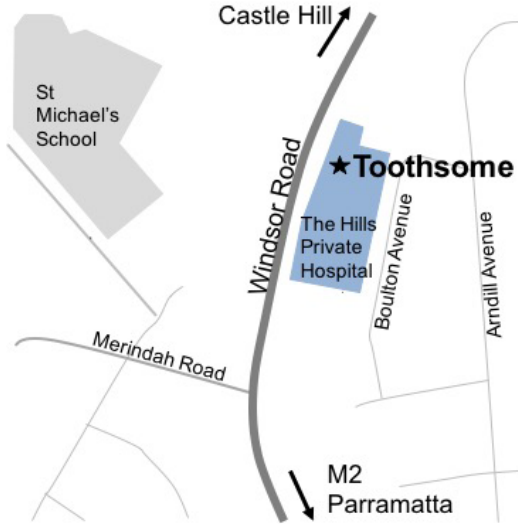
Radiographs: Sent with Patient / Mailed / Emailed / Please Take  PA film/s  OPG  CT Scan

### Comments / Relevant Medical History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Patient Information

- Please give a minimum of 48 hours notice of cancellation to avoid a cancellation fee.
- Please arrive 15 minutes early to your initial consultation with the following information:
  1. Your referral and x-rays if applicable
  2. Your GP's name and contact details
  3. A list of your current medications
  4. Your Medicare card
  5. Your health insurance, DVA or WorkCover details if applicable
- Payment is required at the end of each visit.



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