



**aquadental**  
refreshingly different.

**Dr Peter Barry**

BDS Sc Hons (Qld), MDS Sc (Perio) (Qld), MRACDS (Perio)

**Periodontics**

PROVIDER NUMBER: 063361BW

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# referral note

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_  
\_\_\_\_\_

**Reason for Referral:**

- Examination & Periodontal Treatment Plan
- Opinion only     Specific / Other reasons

**Radiographs:**

- Radiographs enclosed     Patient sent for OPG
- No relevant radiographs available

**Areas of Concern:**

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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**Special Notes:** \_\_\_\_\_  
\_\_\_\_\_

Referred By: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

PRACTICE STAMP

