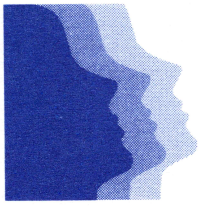

Dr. David Oliver - Oral Medicine Specialist

BDSc (Melb); PGDipCD (Melb); DCD (Melb); FOMAA

Glen Iris - 1586 High Street - (03) 9885 5241
(Please forward all correspondence to this address)

Dandenong – 77 Stud Road - (03) 9885 5241

REFERRAL LETTER

Patient Details

Name _____
Address _____
Phone Number _____
DOB _____
Date of referral _____

Reason for Referral

- ☐ Oral mucosal lesion/swelling
- ☐ Temporomandibular disorder
- ☐ Facial pain
- ☐ Intraoral pain
- ☐ Altered oral sensation
- ☐ Unexplainable toothache
- ☐ Assessment of radiograph
- ☐ Xerostomia
- ☐ Other

Please email any relevant clinical photos or radiographs

Clinical Details

_____
_____
_____
_____
_____

Referring Clinician's Details

Name _____
Medical/Dental Practitioner (please circle)
Address _____
Phone Number _____

Please send referral via:

Fax: (03) 9885 3810
Mail: 1586 High Street Glen Iris, 3146
Email: receptiongic@gmail.com Website: www.drdoliver.com.au

Stationery:

Please send me: ☐ another referral pad ☐ more appointment cards

Electronic referrals are possible via our website www.drdoliver.com.au