



PATIENT REFERRAL

ITA Associates

Melbourne

Center for Aesthetic & Implant Dentistry
Dr Alex Fibishenko
265 - 267 Burwood Hwy
Burwood East
Tel. 03 9802 2399
Fax. 03 9887 9430

Bond Street Dental Studio
Dr Larry Bengé
5 Bond Street
South Yarra
Tel. 03 9826 2732
Fax. 03 9804 8053

Toorak Prosthodontic Practice
Dr Andrew Dillon
7th Floor Trak Centre 445 Toorak Road
Toorak
Tel. 03 9824 0585

Oral & Maxillofacial Surgeon
Mr Kevin Spencer
5th Floor, 766 Elizabeth St
Melbourne
Tel. 03 9347 3788
Fax. 9347 3058

Brisbane

Tony Rotondo Prosthodontist
Dr Tony Rotondo
Level 4/106 Edward Street
Brisbane
Tel. 07 3229 4333
Fax. 07 3229 9835

Adelaide

Adelaide Prosthodontics
Dr Arnis Lidums
195 North Terrace, Adelaide
Tel. 08 8223 3531

Patient Information

Surname _____ Mr / Mrs / Miss _____ Other Names _____
 Ms / Dr _____
 D.O.B _____ Age _____ Tel. _____
 Home Address _____ P/C _____

Reason for Referral

- Second Opinion Treatment as Required Surgical Implant Placement Only
 Sinus Graft Onlay Bone Grafting Management of Complication
 Extraction & Socket Preservation Extraction & Immediate Implants Immediate Function
 All-On-4 Computer-assisted NobelGuide Surgical Planning

Further Details: _____

Attachments: Photographs OPG CT Scans PA's Surgical Stent

Referring Practitioner

Name _____ Tel. _____
 Address _____ P/C _____
 Signature _____ Date _____
 I will be attending for the procedures