

# ORAL AND MAXILLOFACIAL SURGERY

**Dr ALAN SAMAKEH**

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REFERRAL FOR  
SURGICAL TREATMENT

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**Phone: 1300 49 49 79**

**PENRITH:**

Somerset Private Hospital  
Suite 201,  
38 Somerset Street,  
Kingswood, NSW, 2747

**WAHROONGA:**

Sydney Adventist Hospital  
Suite 220, Clark Tower,  
185 Fox Valley Road,  
Wahroonga, NSW, 2076

**PARRAMATTA:**

41 Albion Street,  
Harris Park,  
NSW, 2150

## PATIENT DETAILS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile: \_\_\_\_\_

## REASON FOR REFERRAL

- Third Molar Removal: \_\_\_\_\_
- Other Teeth Removal: \_\_\_\_\_
- Expose +/- bond gold chain to: \_\_\_\_\_
- Dental implant(s) to region(s): \_\_\_\_\_
- Bone graft +/- sinus lift to region(s): \_\_\_\_\_
- Orthognathic surgery: \_\_\_\_\_
- Obstructive sleep apnoea: \_\_\_\_\_
- Temporomandibular joint disorder: \_\_\_\_\_
- Oral pathology site(s): \_\_\_\_\_
- Other: \_\_\_\_\_

## REFERRING DOCTOR DETAILS

Doctor: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

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

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

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

*Please include all images. Thank you for your referral!*