

ORAL AND MAXILLOFACIAL SURGERY

Dr ALAN SAMAKEH

BSc Hons (Syd), BDent Hons (Syd),
MBBS (Syd), FRACDS (OMS)

REFERRAL FOR
SURGICAL TREATMENT

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Phone: 1300 49 49 79

PENRITH:

Somerset Specialist Centre
Suite 201, Level 2,
38 Somerset Street,
Kingswood, NSW, 2747

PARRAMATTA:

Suite 307, Level 3,
55 Phillip Street,
Parramatta,
NSW, 2150

WAHROONGA:

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

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!