VICTORIAN ORAL MEDICINE SPECIALISTS

Dr IVY TAN
BDS FRACDS DCD FOMAA

Tel: 03 432 79 984

REFERRER DETAILS

Referring Clinician:

Clinic:

Address:

Phone:

Email:

PATIENT DETAILS

Title:

Surname:

Given Name:

Gender:

Date of Birth:

Street Address:

PHONE Home/ Mobile:

Email:

MEDICAL HISTORY & MEDICATIONS

(including smoking and alcohol consumption)

REASON(S) FOR REFERRAL

MUCOSAL CONDITIONS

- ☐ Non-healing ulcer
- ☐ Recurrent oral ulceration
- ☐ Blistering conditions
- ☐ Red patches
- ☐ Pigmented lesions
- ☐ Gingival swellings
- ☐ Xerostomia

TMD & FACIAL PAIN

- ☐ Temporomandibular Disorder
- ☐ Oral Dysaesthesia
- ☐ Suspected Trigeminal Neuralgia
- ☐ Chronic Orofacial Pain (non odontogenic cause)
- ☐ Obstructive Sleep Apnoea (OSA)

HISTORY OF PRESENTING COMPLAINT

Kindly attach any relevant documentations such as medical summary

Dental Referrals: Clinical Photographs (please specify site); Diagnostic Quality Radiographs; Any vitality tests if performed.

Medical Referrals: Results of any haematological or other recent pathology investigations.

****All correspondence will be electronic unless specified otherwise.**

PLEASE CIRCLE PREFERRED CLINIC LOCATION:

BULLEEN	GLEN IRIS	GLEN WAVERLEY	FRANKSTON
52 TEMPLESTOWE RD	1396 MALVERN RD	264 SPRINGVALE RD	30 CRANBOURNE RD