

Dr George Tsai

Specialist Periodontist

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Periodontics & Implant Specialist Centre

Specialist Referral Letter

Introducing:..... **Phone:**.....

Referred for:

- | | |
|--|---|
| <input type="checkbox"/> Implant surgery & restorative | <input type="checkbox"/> Implant surgery only |
| <input type="checkbox"/> Periodontal examination / treatment | <input type="checkbox"/> Root coverage |
| <input type="checkbox"/> Mini Implants | <input type="checkbox"/> Soft tissue and / or Bone Grafts |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Recession | <input type="checkbox"/> Other |

Enclosed:

- PA OPG Other

Preferred reporting format:

- Electronic Postal

Notes: _____

Dr Name:..... **Date:**.....

Dr Email:.....

Dr Phone:.....

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