



Regenerate for good

GUM & DENTAL IMPLANT CENTRE

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Contact Us - Scan Me

Dr Kritesh Bhai

BDS, PGCTT, DCD(Pros)(Melb)

Specialist Prosthodontist

PATIENT DETAILS

Title: _____ First Name: _____ Surname: _____

DOB: _____ Phone number: _____

Address: _____

REASON(S) FOR REFERRAL

- | | |
|--|--|
| <input type="checkbox"/> Full mouth rehabilitation | <input type="checkbox"/> Removable prosthesis |
| <input type="checkbox"/> Overall aesthetic concern/veneers | <input type="checkbox"/> Tooth wear, vertical dimension loss |
| <input type="checkbox"/> Crowns/Bridges | <input type="checkbox"/> TMD |
| <input type="checkbox"/> Dental Implants | |

NOTES/DETAILS

Referred by: _____

Practice Name/Address: _____

Date: _____ Attached: OPG CT PA/BW
(Emailed to info@gumimplant.com.au)