

# Brisbane City Periodontics & Implants



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**Dr Ken Nixon**  
**Dr Saso Ivanovski**  
**Dr Tess Matias**  
**Dr Rod Marshall**  
**Dr Jamil Alayan**

## PATIENT DETAILS

Name: .....

Address: .....

Date of Birth: ..... Phone: .....

Relevant Medical History: .....

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## REASON OF REFERRAL

- |  |  |
|--|--|
| <input type="checkbox"/> General Periodontal Examination & Treatment | <input type="checkbox"/> Crown Lengthening |
| <input type="checkbox"/> Specific area/problem only                  | <input type="checkbox"/> Implants          |
|  | <input type="checkbox"/> Second Opinion    |

## NOTES

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**REFERRED TO:**  First Available  Jamil  Rod  Tess  Saso  Ken

**REFERRED BY:**

**REFERRAL DATE:**

Name: .....

Address: ..... Phone: .....