



## Dr Ellie Nadian

Specialist Paediatric Dentist

DDS, DClinDent (Paed Dent), MRACDS, FIAPD

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Contact Details

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

MEDICAL HISTORY \_\_\_\_\_

### REASON FOR REFERRAL

- Caries    Enamel Defects    Trauma    Acute Dental Infection  
 Medically Compromised    Supernumerary or Hypodontia  
 Malocclusion or Interceptive Orthodontics    Behavioural Management    Other

COMMENTS: \_\_\_\_\_

- BW's enclosed?    OPG enclosed?    Xrays are emailed

Date of Referral: \_\_\_\_\_

Referring Dentist: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Clinic Email Address: \_\_\_\_\_

### FOLLOWING TREATMENT

- Refer Back    Ongoing Care

(07) 3343 4880

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Brisbane-paediatric-dentist.au

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