



**MIDWESTERN
DENTAL
SPECIALISTS**

T: 03 5332 6225
E: reception@mwdentalspecialists.com.au
21 Raglan St North, Ballarat Victoria 3350
mwdentalspecialists.com.au

Dr Brent Woods
Oral & Maxillofacial Surgeon
BSc MBBS BOralH GDipDent FRACDS (OMS)



V I C T O R I A N
O R A L & F A C I A L S U R G E O N S

INTRODUCING PATIENT:

DOB:

ADDRESS:

PHONE:

EMAIL:

REASON FOR REFERRAL:

- | | |
|---|--|
| <input type="checkbox"/> Surgical removal of teeth or roots | <input type="checkbox"/> Orthognathic Surgery / Corrective Jaw Surgery |
| <input type="checkbox"/> Dental implants and/or bone grafting | <input type="checkbox"/> Facial Trauma |
| <input type="checkbox"/> Pathology (bone, mucosa, skin) | <input type="checkbox"/> Temporomandibular Joint Conditions |

AREAS OF CONCERN:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

RELEVANT RADIOGRAPHS:

- | | | | |
|-----------------------------------|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> PA | <input type="checkbox"/> OPG | <input type="checkbox"/> CBCT | |
| <input type="checkbox"/> Attached | <input type="checkbox"/> Emailed | <input type="checkbox"/> Patient to bring | <input type="checkbox"/> Web server |

Please provide a copy of any recent and relevant radiographs to aid in the treatment of your patient

REFERRING DENTIST AND PRACTICE:

PHONE:

EMAIL:

APPOINTMENT:

☐ Patient to contact MWDS

☐ MWDS to contact patient

**It is always preferable to receive a copy of this referral prior to the appointment*



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BOOKING AN APPOINTMENT:

If your referring dental practice has not already done so, please contact our reception to arrange an appointment.

It is always preferable if you or the referring dentist can provide us with this referral and any x-rays or reports prior to your scheduled appointment.

ARRIVAL TIME:

If this is your first visit to Midwestern Dental Specialists, please arrive 10 minutes prior to your scheduled appointment time to complete the necessary medical and contact forms.

PARKING:

Free parking is available along Raglan St North and surrounding areas, however these can fill up quickly on school days.