Cheerful Smiles Dental

TREATING EARLY FOR A HEALTHIER SMILE

DR ELINA CASTRO

DR JOHN ROSA

PATIENT DETAILS

NAME: .....

D.O.B: ..... PHONE: .....

ADDRESS: .....

REASON FOR REFERRAL

- ☐ Tongue & Lip Ties assessment
- ☐ Oromyofunctional dysfunction
- ☐ Sleep Disordered Breathing
- ☐ Mouth Breathing
- ☐ Dental Malocclusion (e.g cross bite, deep bite, open bite...)
- ☐ Underdeveloped palatal arch
- ☐ Oral Habits (pacifier, thumb/finger sucking, teeth grinding)
- ☐ Tongue Thrust
- ☐ Other, please specify .....

- ☐ Phase 1 Fixed Orthodontics
- ☐ Phase 2 Fixed Orthodontics
- ☐ Invisalign
- ☐ Dental Orthopaedics

.....

MEDICAL HISTORY / ADDITIONAL NOTES

REFERRED BY

NAME: ..... PHONE: .....

ADDRESS: .....

PROVIDER NUMBER: ..... DATE OF REFERRAL: .....

0488 052 023

2 Gibbs Street – Miranda – NSW

cheerfulsmilesdental@gmail.com

DR ELINA CASTRO

DR JOHN ROSA

www.cheerfulsmilesdental.com.au

Cheerful Smiles Dental

TREATING EARLY FOR A HEALTHIER SMILE

DR ELINA CASTRO

DR JOHN ROSA

PATIENT DETAILS

NAME: .....

D.O.B: ..... PHONE: .....

ADDRESS: .....

REASON FOR REFERRAL

- ☐ Tongue & Lip Ties assessment
- ☐ Oromyofunctional dysfunction
- ☐ Sleep Disordered Breathing
- ☐ Mouth Breathing
- ☐ Dental Malocclusion (e.g cross bite, deep bite, open bite...)
- ☐ Underdeveloped palatal arch
- ☐ Oral Habits (pacifier, thumb/finger sucking, teeth grinding)
- ☐ Tongue Thrust
- ☐ Other, please specify .....

- ☐ Phase 1 Fixed Orthodontics
- ☐ Phase 2 Fixed Orthodontics
- ☐ Invisalign
- ☐ Dental Orthopaedics

.....

MEDICAL HISTORY / ADDITIONAL NOTES

REFERRED BY

NAME: ..... PHONE: .....

ADDRESS: .....

PROVIDER NUMBER: ..... DATE OF REFERRAL: .....

0488 052 023

2 Gibbs Street – Miranda – NSW

cheerfulsmilesdental@gmail.com

DR ELINA CASTRO

DR JOHN ROSA

www.cheerfulsmilesdental.com.au