



Oral Surgery Referral Form

Specialist Care by Dr Jesslyn Praganta - Otago Oral Surgery & Implant Centre

Patient Details

Name: _____

Date of Birth: _____ Phone: _____

Email: _____

Medical History: _____

Current Medications: _____

Reason for Referral

☐ Wisdom teeth ☐ Impacted canines ☐ Implants ☐ Oral Lesions ☐ Other

Clinical details:

Radiographs & Imaging (Tick all that apply)

- ☐ Relevant radiographs / imaging will be emailed
- ☐ Relevant radiographs / imaging will be posted
- ☐ No imaging with referral

Referring Clinician

Name: _____

Clinic details: _____

Email: _____

Thank you for your referral!
Please email/post completed form along with relevant imaging.