





reservations@dynamicperio.com.au



www.dynamicperio.com.au

## **Dr Aaron Goh**

**Specialist Periodontist** 

BOH (DSc)   GDipDent	DClinDent (Perio)	MRACDS (Perio)
PAT	TIENT DETAILS	
First Name:	Surname:	
Date of Birth:		
Address:		
Suburb:		
REASON(S) FOR REFERRAL (PLEASE TICK)		
Management of Periodontitis		Extraction and Socket Grafting
Management of Gingival Recessions		Sinus Lift (Transcrestal / Lateral Window
		Implant Rehabilitation
Crown Lengthening		Full Arch Implant Rehabilitation
Surgical Exposure for Orthodontics		Full Arch Implant Renabilitation
COMMENTS		
CURRENT RADIOGRAPHS (PLEASE TICK)		
Periapicals / Bitewings	OPG	Cone Beam CT
Radiographs:	<b>Emailed</b>	With Patient
REFERRER DETAILS		
Name:		_ Date:
Practice Name:		
Addrage		

Telephone:

Please send more referral pads





reservations@dynamicperio.com.au



www.dynamicperio.com.au

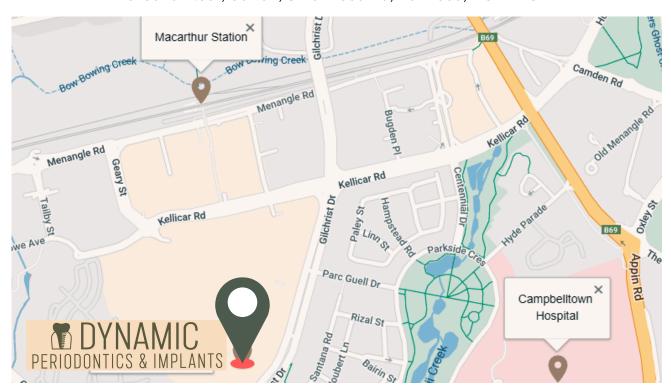
## **Dr Aaron Goh**

Specialist Periodontist
BOH (DSc) | GDipDent | DClinDent (Perio) | MRACDS (Perio)



## **Burwood**

Wisdom Specialist Centre Ground Floor, Suite 1, 8 Burwood Rd, Burwood, NSW 2134



## Campbelltown

Macarthur Square Medical & Dental Centre (at the back) Shop U026B, Level 3, 200, Gilchrist Dr, Campbelltown NSW 2560