

# PATIENT REFERRAL FORM



Phone: 1300 101 505 Email: info@sleepwise.com.au

## PATIENT DETAILS

Name : \_\_\_\_\_ Date : \_\_\_\_\_  
Address : \_\_\_\_\_ DOB : \_\_\_\_\_  
State : \_\_\_\_\_ Postcode : \_\_\_\_\_  
Email : \_\_\_\_\_ Phone : \_\_\_\_\_

## REASON FOR REFERRAL

Mandibular Advancement Splint  Bruxism Splint  Consultation  
 Diagnostic  Other \_\_\_\_\_

## DIAGNOSIS

Bruxism Only  Simple Snoring  UARS  
 OSA Please select:  Mild  Moderate  Severe AHI/RDI \_\_\_\_\_  
 Other \_\_\_\_\_

## CHIEF CONCERNS & SYMPTOMS

Snoring  Daytime Sleepiness  Unrefreshed Sleep  
 Witnessed Apnoeas  Other \_\_\_\_\_

## RELEVANT DENTAL & MEDICAL HISTORY

Dentures  TMJ / Jaw Pain  Has Bruxism Splint  
 Other (incl. any relevant medical history) \_\_\_\_\_

## REFERRED BY

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
State : \_\_\_\_\_ Postcode : \_\_\_\_\_  
Email : \_\_\_\_\_ Phone : \_\_\_\_\_

## SLEEPWISE DENTISTS

### Dr Ken Lee

BHSc (Dent), MDent (La Trobe)  
Grad Dip Orthodontics (JCU), FDSM (ASA)

### Dr Sue Lim

BHSc (Dent), MDent (La Trobe), FDSM (ASA)

### Dr Edmund Kwong

BSc (Melb), DDS (Melb), MRACDS (GDP)  
FDSM (ASA)

### Dr Jeffrey Tho

BDS Sc Hons (Melb), EMBA (Quantic)  
FICD, FDSM (ASA)

### Dr Patricia Hanna

BDS (Adel)

### Dr Krystal Skilton

BDS Sc Hons (UWA), FDSM (ASA)

### Dr Jonti Nolan

BSc, DDS (Melb), FDSM (ASA)

### MELBOURNE

Level 5, 294-296 Collins Street  
Melbourne VIC 3000

### GEELONG

264 Shannon Avenue  
Geelong West VIC 3218

### HAWTHORN EAST

Ground Floor, 124-126 Camberwell Road  
Hawthorn East VIC 3123