

MR. IAN D. POKER
-ORAL AND MAXILLO-FACIAL SURGEON-
 03 5442 4119

Appointments at: 107 LUCAN ST, BENDIGO, VIC 3550

REFERRED BY DR: _____ PROVIDER NO: _____

PRACTICE: _____

PAITENT DETAILS:

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

POST CODE: _____ D.O.B: _____

REASON FOR REFERRAL:

PHONE: _____

DENTOALVEOLAR SURGERY

HEAD/NECK/ORAL PATHOLOGY

ORTHOGNATHNIC SURGERY

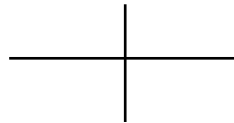
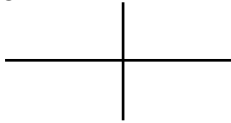
TEMPOROMANDIBULAR JOINT

IMPLANT SURGERY

PREPROSTHETIC SURGERY

EXTRACT

EXPOSE



RADIOGRAPHS:

ATTACHED:

SENT WITH PATIENT:

PLEASE ORGANISE:

NONE AVAILABLE:

NOTES:

SIGNED: _____

DATE: ____/____/____