

SPECIAL CARE DENTAL SERVICES REFERRAL - OUTPATIENTS

STATEWIDE

FACILITY: _____

PT ID									
SURNAME.....					D.O.B.....				
OTHER NAMES.....									
ADDRESS.....									



Consultant:	Ward/Clinic:	Campus:	Date:
Referred by: (Print Name)	Designation:	Signature:	Telephone Number:

Reason for referral/planned treatment:

Relevant medical history and allergies:

Current medication:

Interpreter required: Yes No Language.....

Does the patient have a Health Care/Pensioner Concession Card Yes No

Dental treatment needs to be completed within the following timeframe:

- | | |
|---|--|
| <input type="checkbox"/> Emergency (less than 48 hours) | <input type="checkbox"/> Semi Urgent (less than 6 weeks) |
| <input type="checkbox"/> Urgent (less than 2 weeks) | <input type="checkbox"/> Not Urgent (next available appointment) |

To contact **Oral Health Services Tasmania** regarding a patient referral, please call (for internal use only):
 Southern Dental Centre (for RHH patients) 6166 5477 / 6166 5476 Burnie Dental Centre (for NWRH patients) 6477 7646
 Northern Dental Centre (for LGH patients) 6777 1202

To be completed by Oral Health Services Tasmania

Actioned by:..... Signature:.....
 Position:..... Date:.....

Location of Treatment

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> LGH Special Care Dental Unit | <input type="checkbox"/> Northern Dental Centre | <input type="checkbox"/> RHH Special Care Dental Unit | <input type="checkbox"/> Southern Dental Centre |
| <input type="checkbox"/> Devonport Dental Centre | <input type="checkbox"/> NWRH Special Care Dental Unit | <input type="checkbox"/> Burnie Dental Centre | <input type="checkbox"/> Not accepted |

Comments:

Appointment date and time:.....

Email or fax completed forms to Oral Health Services Tasmania: **RHH** 6173 0464 dental.south@ths.tas.gov.au
LGH 6777 5130 kelhamstdts@ths.tas.gov.au **NWRH** 6464 1945 dental.parkside@ths.tas.gov.au

KEY: **LGH** = Launceston General Hospital **NWRH** = North West Regional Hospital **RHH** = Royal Hobart Hospital

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