



THE HUNTER PROSTHODONTICS

Specialist Dental Practice
Crowns | Veneers | Implants | Dentures

Dr. Amit Gulati
Specialist Prosthodontist
BDS, DCD(PROD)(MEL), FAANZP
Member of ITI

PATIENT INFORMATION

NAME _____

DATE OF BIRTH & GENDER _____

EMAIL _____ PHONE NUMBER _____

ADDRESS _____

REASON FOR REFERRAL

FIXED PROSTHODONTICS ☐ FULL MOUTH REHABILITATION ☐ DENTAL IMPLANTS ☐

VENEERS/COSMETIC ☐ REMOVABLE PROSTHODONTICS ☐ OPINION ONLY ☐

MANAGEMENT OF WORN DENTITION ☐

ANY ADDITIONAL INFORMATION

DIAGNOSTIC INFORMATION PROVIDED

RECENT I/O RADIOGRAPHS ☐ OPG ☐ PHOTOGRAPHS ☐ STUDY MODELS ☐

REFERRER DETAILS

NAME AND CONTACT NUMBER _____

DENTAL PRACTICE NAME _____

PHONE NUMBER _____ EMAIL _____

SIGNATURE _____ DATE _____

PLEASE EMAIL THIS FORM TO US AND WE WILL CONTACT THE PATIENT FOR AN APPOINTMENT



02 40286298



admin@thehunterprosthodontics.com.au



www.thehunterprosthodontics.com.au



Suite C204, 215-217 Pacific Highway, Charlestown NSW 2290