

# CENTRE FOR ORAL AND CORRECTIVE JAW SURGERY



## REFERRAL

Introducing

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Referred by

Provider No

Referral Date

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Postal Address

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Postcode

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Tel

Fax

Mobile

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Email

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Referring Dentist's comments

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## APPOINTMENT

**Dear Patient, please call the surgery on 02 9340 4376 to schedule your examination visit.**

Date

Time

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During the examination appointment we will discuss the extent of your Oral or Maxillofacial surgical needs. We will determine whether or not surgery is required, and if so, when it would be best to begin, estimate the time required for treatment, and outline the fees for our professional services.

Your appointment time is reserved especially for you.

**Parents should accompany all children, adolescents and financially-dependent young adults to this visit.**

**See our office location on the map on the back.**

**Please bring this referral form with you when you visit our practice. We look forward to welcoming and meeting you.**

### Dr Peter Tsakiris

Oral and Maxillofacial Surgeon PROVIDER NO 2513899B

BDS (Athens) MSc Dent (Wits) MDent—OMFS (Wits) FCD—OMFS (College of Medicine of South Africa)

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# Randwick



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T 02 9340 4376 F 02 9340 4375  
E info@drtsakiris.com.au

(S) Royal Randwick Shopping Centre

(H) Sydney Children's Hospital, Randwick

(H) Prince of Wales Hospital