



# WISDOM TEETH CLINIC

Dr Peter Dongas

MBBS(Hons), BDS, BMedSc, GrapDipClinDent, FRACGP

All appointments:

PH: 8297 7465

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Patient's Name:

Address:

Telephone:

DOB:

Consultation for:

- Surgical/Removal of teeth or roots

E D C B A	A B C D E
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
E D C B A	A B C D E

- Exposure of indicated teeth

Other comments:

Please find enclosed the following X-Rays:

- OPG
- Intraoral X-Rays

Referred by:

Date:

Address:

Signature:

Please send referral & X-Rays to: WISDOM TEETH CLINIC  
 579 Marion Road,  
 SOUTH PLYMPTON, SA, 5038

Or via email address: [reception@wisdomteethclinic.com](mailto:reception@wisdomteethclinic.com)