Eastern Dental
SPECIALISTS

Dr. Dinusha Goonawardhana
BDSc. (Melb) DCD Pros (Melb) MRACDS Pros
SPECIALIST PROSTHODONTIST

Introducing Patient: _____

Patient DOB: _____ Patient Contact Number: _____

Referring Dentist: _____

Practice Address: _____ P/Code: _____

Practice Phone Number: _____

Practice Email: _____

REFERRAL FOR (please tick below):

- ☐ Full Mouth Reconstruction
- ☐ Dental Implants
- ☐ Aesthetic Evaluation
- ☐ Fixed Prosthodontics
- ☐ Removable Prosthodontics
- ☐ TMJ Evaluation
- ☐ Other _____

CHIEF CONCERN: _____

ADDITIONAL COMMENTS: _____

RADIOGRAPHS:

- ☐ Are Enclosed
- ☐ Will Accompany Patient
- ☐ Will Be Sent Upon Request

CONSULTING AND TREATING FROM THE FOLLOWING LOCATION

1/593 Whitehorse Road, MITCHAM VIC 3132

Phone: (03) 9211 6060 | **Email:** info@easternds.com.au

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