



**GC Perio**

**Periodontics & Dental Implants**

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**Dr. Maziar Tavazoei**

DMD D Clin Dent (Perio) MRACDS (Perio)

Registered Specialist Periodontist

**Please book at:**

☐ **Runaway Bay Clinic** - 123 Bayview Street Runaway Bay, QLD 4216

☐ **Varsity Lakes Clinic** - Suite 1/20 Lake Orr Drive, Varsity Lakes, QLD 4227

**Referral Note**

Date: .....

Name: .....

Date of Birth: ..... Gender: M ☐ F ☐

Address: .....

Phone No: .....

**Referred for:**

☐ Periodontal Treatment ☐ Please arrange shared maintenance if appropriate

☐ Implant ☐ Please arrange implant restoration

☐ DO NOT arrange implant restoration

☐ Soft tissue management (Mucogingival grafting/Frenectomy)

☐ Peri-implantitis

☐ Crown Lengthening

☐ Please take OPG/CBCT

Area of concern:

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

Notes: .....

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Referring Dentist: .....

Practice Name .....

X-rays enclosed ☐ Clinical photos enclosed ☐