



# Surgical Dental Services

Visiting Surgical Dentist  
SURGICAL DENTISTRY AND DENTAL IMPLANT SERVICES

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**0411DENTAL (0411336825)**

Patient name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

opinion  opinion and management

For surgical removal of:  For implant placement to replace:  For overdenture to replace:

<input type="checkbox"/> 18	<input type="checkbox"/> 17	<input type="checkbox"/> 16	<input type="checkbox"/> 15	<input type="checkbox"/> 14	<input type="checkbox"/> 13	<input type="checkbox"/> 12	<input type="checkbox"/> 11	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
<input type="checkbox"/> 48	<input type="checkbox"/> 47	<input type="checkbox"/> 46	<input type="checkbox"/> 45	<input type="checkbox"/> 44	<input type="checkbox"/> 43	<input type="checkbox"/> 42	<input type="checkbox"/> 41	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35	<input type="checkbox"/> 36	<input type="checkbox"/> 37	<input type="checkbox"/> 38

implant surgery only (patient sent back to you for restoration)

surgery and restorative (patient sent back to you complete)

Further comments. eg grafting required, restorative platform preference, IV sedation, GA requested

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.....  
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### Implant System requested:

Straumann®  Dentsply Astra®  Osstem®  Other \_\_\_\_\_

OPG  included  emailed separately

Cone beam (with DICOM CD)  included  not ordered, please organise

Referring Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please email to:  
surgicaldentists@gmail.com  
Or send via sms to **0411DENTAL**