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Date:        /        /

## Patient details

Name: \_\_\_\_\_

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

P/Code: \_\_\_\_\_ DOB:    /    /

Parent(s) Name: \_\_\_\_\_

## Reason for referral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Clinical notes/Medical history

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Ph: \_\_\_\_\_ Radiographs enclosed?  Yes  No

**Dr. Vicki Farmer**

BDS, MDS, (Adel)  
Specialist Paediatric Dentist

**Dr. Amelia Wiese**

BDS (Adel)  
DCD Paed (Melb)  
Specialist Paediatric Dentist

Referred to...

**Dr. Caroline Crowley**

BDS, MDS, Oral Pathology (Adel)  
Dentist

or  **Any Dentist**

visit website for list of  
practitioners

Ph: \_\_\_\_\_

Mob: \_\_\_\_\_