



REFERRAL FORM

Patient Name:	
Contact Number:	DOB:
Medical History / Allergy:	
Treatment Rendered:	
To refer the patient back to the referring clinic after completion of indicated treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Referral	
<input type="checkbox"/> Dental Imaging	
<input type="checkbox"/> Panoramic Radiograph	
<input type="checkbox"/> Lateral Cephalometric Radiograph	
<input type="checkbox"/> CBCT	
<input type="checkbox"/> Other. Please Specify _____	
<input type="checkbox"/> 3D Intraoral Scanning	
<input type="checkbox"/> Please Indicate Tooth / Area of Concern:	
<input type="checkbox"/> Additional Remarks	
Referring Dentist:	
Clinic:	
Clinic Contact Number :	
Clinic Email:	
Date:	

Endodontics

Dr. Bryon Ong

BDS (Malaya), Cert. Endod (UPenn), FRCD(C), Diplomate, American Board of Endodontics

Dr. Sarene Saw

BDS (London), MSc Endodontics (London)

- Consultation & Evaluation
- Root canal treatment & Retreatment
- Endodontic Microsurgery
- Other. Please specify _____

Oral Maxillofacial Surgery

Dr. Lee Chee Wei

BDS (Malaya), MDS OMFS (Hong Kong)

- Consultation & Evaluation
- Surgical Removal of Impacted Tooth
- Ridge / Sinus Augmentation
- Other. Please Specify _____

Prosthodontics

Dr. Yeoh Onn Take

BDS (Malaya), DCD Prosthodontics (Melbourne), MRACDS (Prosthodontics) (Australia)

- Consultation & Evaluation
- Full Mouth Rehabilitation
- Fixed / Removable / Implant Prosthodontics
- Other. Please Specify _____

Esthetic Dentistry

Dr. Joan Lim

BDS (Malaya), MFDSRCS (Edinburgh), Cert. Advanced Esthetic & Restorative Dentistry (UCLA)

- Consultation & Evaluation
- Smile Rehabilitation
- Esthetic Surgical Crown Lengthening
- Other. Please Specify _____

Orthodontics

Dr. Ng Wee Loon

BDS (PIDC), MFDSRCS (Edinburgh), MSc Ortho (London), MOrth RCS (England)

- Consultation & Evaluation
- Fixed / Removable Appliance
- Clear Aligner
- Other. Please Specify _____

Periodontics

Dr. Lew Pit Hui

BDS (Malaya), MFDSRCS (Edinburgh), MClintDent in Periodontology (Malaya)

- Consultation & Evaluation
- Non-Surgical / Surgical Periodontal Treatment
- Implant & Management of Peri-Implant Diseases
- Other. Please Specify _____

Pediatric Dentistry

Dr. Tan Wei Xi

DDS (UNPAD), DClinDent in Paediatric Dentistry (QMUL, London), MFDS RCS (Edinburgh)
MPaedDent RCS (Edinburgh)

- Consultation & Evaluation
- Behavioral Management
- Dental Treatment Under Sedation
- Other. Please Specify _____

Oral Medicine & Oral Pathology

Dr. Goh Yet Ching

BDS (Malaya), MFDS RCS (Edinburgh), MClintDent in Oral Medicine & Oral Pathology (Malaya)

- Consultation & Evaluation
- Management of Oral Facial Pain
- Management of Oral Lesion
- Other. Please Specify _____

For Appointment, Please Call / Whatsapp: +60 17-665 6585

