



# Auckland Oral & Maxillofacial Surgery Group

Ground Floor  
Quay Park Health  
68 Beach Road  
Auckland 1010

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**E** [contactus@aoms.co.nz](mailto:contactus@aoms.co.nz)  
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## REFERRAL FORM

### Patient Details

Name: .....

Date of Birth:    /    /

Address: .....

.....

Home no.: ..... Work no.: .....

Mobile no.: ..... Email no.: .....

NHI no.: ..... ACC no.: .....

Clinical Problem: .....

.....

Examination/Treatment required: .....

.....

Radiographs:     Enclosed                       Mailed                       Emailed

Periapical                       Lat. Ceph

OPG                                       Other

Referring Practitioner: ..... HPI no.: .....

Address: .....

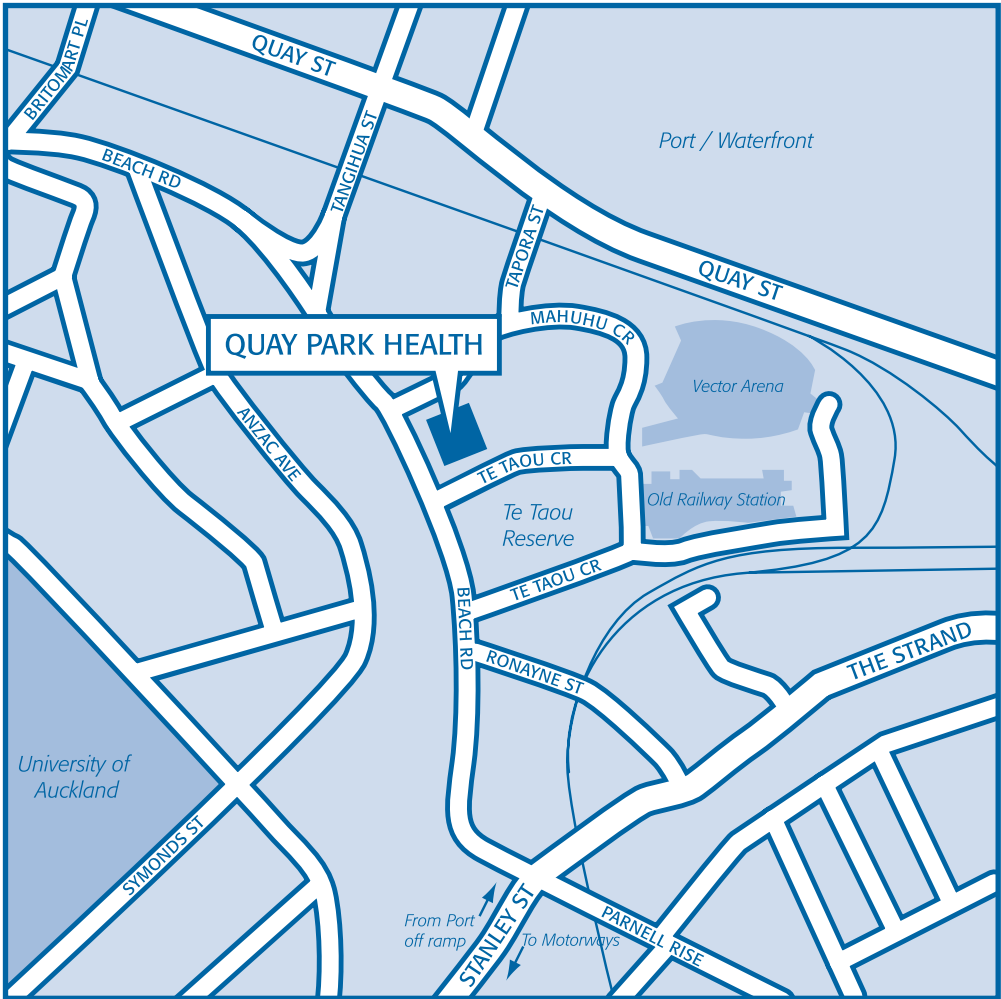
Date of referral:    /    /    Phone: ..... Email: .....

Appointment already made:     YES                                      Appointment date:    /    /

**Chris Sealey**    also at Manukau Super Clinic, Great South Road, Manurewa T 09 277 1648

**John Harrison**    also at 15 Rata Street, New Lynn T 09 827 1478 and 51 Corinthian Drive, Albany T 09 448 1128

**Cameron Lewis**



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