



Adelaide MaxFax

Oral and Maxillofacial Surgery
and Specialist Implant Centre

Dr Zahi Khouri MBBS BDS FRACDS (OMS) Oral & Maxillofacial Surgeon

Referral to:
Adelaide MaxFax
76 Kensington Road,
Rose Park SA 5067

Date of Referral: _____

Mr / Mrs / Ms / Other: _____

Address: _____

Date of Birth: _____ Phone (M): _____

Phone (H): _____ Phone (W): _____

Email: _____

Consultation for:

- | | | |
|---|--|---|
| <input type="checkbox"/> Wisdom Teeth | <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Orthognathic Surgery |
| <input type="checkbox"/> Extraction(s) | <input type="checkbox"/> Oral/Facial Pathology | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Exposure of Teeth | <input type="checkbox"/> Oral/Facial Infection | <input type="checkbox"/> Sleep Apnoea Surgery |
| <input type="checkbox"/> Pre-prosthetic Surgery | <input type="checkbox"/> Trauma | <input type="checkbox"/> TMJ Management |

Implant(s) Management. Preferred system(s): _____

Additional Notes: (please attach any other relevant notes/correspondence)

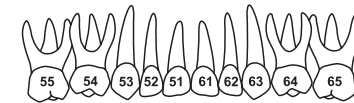
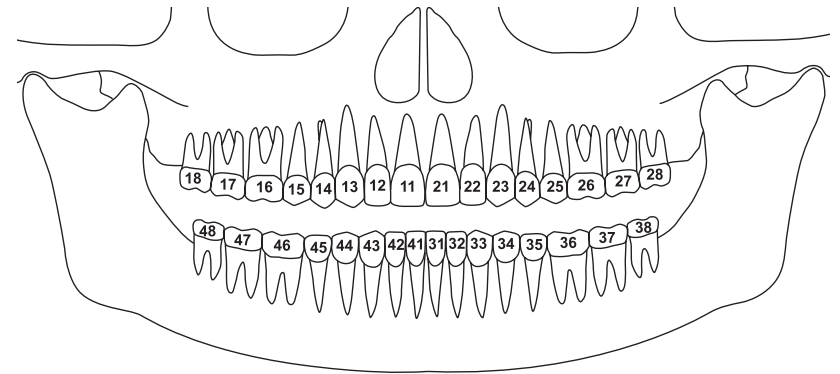
Other reason for referral: _____

Relevant Medical History/Information: _____

Please email referral to reception@adelaidemaxfax.com.au or fax to 8364 2890

For extraction(s) please hand write tooth number(s) and also put an **X** on the diagram below

Tooth Numbers: _____



R

L



PLEASE FOLD HERE

Imaging

NB Most patients will require an OPG X-Ray prior to their consultation

- No imaging has been taken
- Imaging will be emailed to Adelaide MaxFax
- Imaging is available online at _____
(e.g. Jones Radiology, Bensons)
- Patient has been sent for imaging at _____
(e.g. Jones Radiology, Bensons, RGH)

Referred by:

Dr Name: _____

Address: _____

Phone: _____ Provider Number: _____

Email: _____

To make an appointment for your patient please phone 8332 1566

Appointment Date: _____ Time: _____