



- Dr. Sam Verco
- Dr. Brent Woods
- Dr. Jason Savage

REFERRAL FOR SURGICAL OPINION / MANAGEMENT

Dear **Dr Sam Verco** / **Dr Brent Woods** / **Dr Jason Savage**
Next available surgeon Date : _____

I wish to refer to you _____

Date of Birth _____ Telephone _____

Patient's Relevant Medical History _____

For consultation and treatment regarding

- | | |
|---|---|
| <input type="checkbox"/> Surgical Removal of indicated teeth or roots | <input type="checkbox"/> Orthognathic (Corrective Jaw) Surgery |
| <input type="checkbox"/> Implants to replace Tooth / Teeth | <input type="checkbox"/> Pathological Lesions in the Mouth / Jaw(s) |
| <input type="checkbox"/> Facial Injury | <input type="checkbox"/> Temporomandibular Joint Condition |

Please specify

ALL APPOINTMENTS PLEASE CALL 03 9592 6445

Referral by Dr. _____ Provider Number _____

Address _____

Signature _____

RADIOGRAPHS Enclosed Emailed To be obtained

Referral valid for 12 months Indefinite

Appointment Location 759 Nepean Hwy, Brighton East, VIC 3187

1022 Nepean Hwy, Mornington VIC 3931



Victorian Oral and Facial Surgeons

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