

DR PATRICK WONG

BDS DCLINDENT (OTAGO)
SPECIALIST PROSTHODONTIST

PATRICK WONG
PROSTHODONTICS

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REFERRING DENTIST NAME

Name:

Email:

Practice Name and Contact No.:

PATIENT DETAILS:

Name:

Email:

Patient's Contact No.

REASON FOR REFERRAL:

- Prosthodontic Consultation
- Dentures
 - Partial Denture
 - Full Denture
- Crowns and Bridges
- Veneers
- Implant Restorations
- Aesthetic Concerns / Smile Makeover
- Others _____

Clinical Comments

Please email radiographs, clinical photos and other necessary records to info@prostho.co.nz. Kindly include patient's name and DOB in email subject.