



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

M.O.

ADDRESS

Facility:

ORAL HEALTH REFERRAL FORM FOR HOSPITAL EMERGENCY DEPARTMENTS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Medicare Card No. _____ Reference No. _____ (position on card)

Concession card: HCC or PCC (please circle) Card No: _____ Expiry date: _____

Treatment Summary

The above person was provided treatment for:

- pain of dental origin swelling / infection of dental origin
- oral / dental trauma haemorrhage other

The presenting condition site was (please specify):

The patient's dental care at the emergency department included:

- X-rays: OPG CT dental film
or other _____
- Test: blood biochemistry microbiology biopsy
or other _____
- Medication: pain relief antibiotic oral antibiotic IV
or other _____

Medication Administered	Dose Administered	Date Administered

Please indicate if the patient has a very serious medical condition, which may be impacted upon by their dental condition

YES NO

Other relevant medical information (please specify):

After filling in the form please give it to the patient and inform them that they need to ring the relevant call centre and quote the form number SMR010 (details below)

Local Health District	Oral Health Call Centre Number	Local Health District	Oral Health Call Centre Number
Sydney	(02) 9293 3333	Northern Sydney	1300 732 503
South Western Sydney	(02) 9293 3333	Murrumbidgee	1800 450 046
South Eastern Sydney	1300 134 226	Southern NSW	1800 450 046
Illawarra Shoalhaven	1300 369 651	Western Sydney	(02) 9845 6766 or 1300 739 949 (landline only)
Northern NSW	1300 651 625	Nepean Blue Mountains	(02) 4734 2387 or 1300 739 949 (landline only)
Mid North Coast	1300 651 625	Far West	1300 552 626
Hunter New England	1300 651 625	Western NSW	1300 552 626
Central Coast	1300 789 404	Call Centres only operate during business hours on business days	

Signature: _____ Print Name: _____ Designation: _____ Date: _____



Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606530 220514

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SMR010.740