

**North Adelaide Orthodontics**

**Dr Andrew L Barbera, Orthodontist**

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Certified Member of the Australasian Orthodontic Board

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Provider no. 241135HF



**Request for orthodontic consultation**

**Patient details:**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

If under 18 years of age; guardian contact person's name: \_\_\_\_\_

The guardian/patient will contact your orthodontic rooms; OR

Please have your orthodontic receptionist contact the guardian/patient by

telephone: \_\_\_\_\_ or email: \_\_\_\_\_

**Referral information:**

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**Referring practitioner details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_