

Dr Andrew Gikas

Oral Appliance Therapy

Snoring

Sleep apnoea

Sleep disordered breathing

Bruxism

PATIENT REFERRAL FORM

Patient Details

Date

Name

DOB

Address

State

Postcode

Tel

Email

Please circle

Private Health Insurance

Health Care card

Reason for referral

Chief Concerns / Symptoms

- Snoring Daytime sleepiness Unrefreshed sleep
- Choking or gasping Bruxism Witnessed apnoeas
- Other (please specify)

Relevant Medical History

- Hypertension Heart disease Diabetes
- Other (please specify)

Referred by

Name

Tel

Email

Address

State

Postcode

Oakleigh Dentist, 1550 Dandenong Road, Oakleigh 3166, Tel: 956988776 Fax: 9568 7171

Melbourne Dental Clinic, The University of Melbourne 723 Swanston St, Carlton 3010, Tel: 9035 8402 Fax: 9035 9797

Alfred Hospital Dental Unit, Level 2, 55 Commercial Road, Melbourne 3004. Tel: 9076 2107 Fax: 9076 0562