

Associate Professor Sobia Zafar

Specialist Paediatric Dentist

BDS, MSc, DClinDent (Paediatric Dentistry), PhD
FICD, FPFA, FDTFEd, SFHEA, MRACDS (Paediatric Dentistry)

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Rosedale South Qld 4123

Email: referralsrochedale@gmail.com

Web: paediatricdentistbrisbane.com

Telephone: 3623 0000



PATIENT DETAILS

Name: Medical history.....

DOB:

Phone: E-mail:

REFERRAL DETAILS

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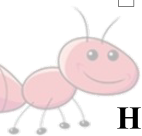


REASON FOR REFERRAL

- ☐ Dental Anxiety
- ☐ Dental Caries
- ☐ Dental Anomalies
- ☐ Dental Trauma
- ☐ Medically Compromised/Special Needs
- ☐ Sedation (RA or IV)



- ☐ Enamel defects
- ☐ Behaviour Management
- ☐ Acute Dental Infection
- ☐ Growth and Development
- ☐ Oral Surgery
- ☐ General Anaesthesia



Have radiographs been taken and e-mailed?

- ☐ Yes
- ☐ No

Ongoing dental treatment required: Y/N

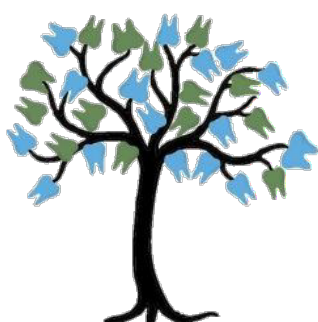
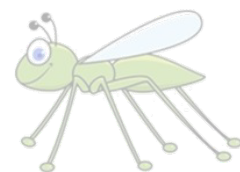
REFERRER DETAILS

Name:

Practice:

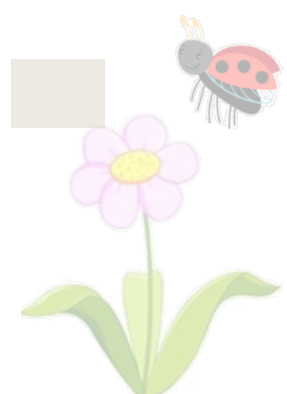
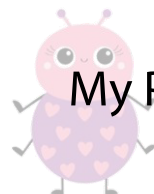
Phone:

E-mail:



Dr. Sobia Zafar

Specialist Paediatric Dentist



My Paediatric Dentist Brisbane

Thank you for your referral.

We look forward to providing specialised care for your patient.