NSW Health

Facility:

DENTAL REFERRAL FOR EMERGENCY DEPARTMENTS TO NSW PUBLIC DENTAL CLINICS

FAMILY NAME		MRN	
GIVEN NAME		☐ MALE ☐ FEMALE	
D.O.B. _____ / _____ / _____		M.O.	
ADDRESS			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

This form can be used for all children under 18 and adults with a Pensioner Concession Card, a Health Care Card or a Commonwealth Seniors Health Card.

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

Concession card: ☐ HCC or ☐ PCC (please tick)   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 including care provided *(please specify):*

_____
_____

Please give this completed form to the patient. Ask them to ring the relevant contact centre and inform the contact centre that they have a referral from an Emergency Department.

Local Health District	Phone Number
Sydney and South Western Sydney	(02) 9293 3333
South Eastern Sydney	1300 134 226
Illawarra Shoalhaven	1300 369 651
Northern NSW, Mid North Coast and Hunter New England	1300 651 625
Central Coast	1300 789 404
Northern Sydney	1300 732 503
Murrumbidgee and Southern NSW	1800 450 046
Western Sydney	(02) 8890 6766
Nepan Blue Mountains	(02) 4734 2387 or 1300 769 221
Far West and Western NSW	(02) 6809 8621 or 1300 552 626

Print name: _____   Signature: _____

Designation: _____   Date: _____ / _____ / _____