

**SPECIAL CARE DENTAL
SERVICES REFERRAL -
OUTPATIENTS
STATEWIDE**

PT ID									
SURNAME.....					D.O.B.....				
OTHER NAMES.....									
ADDRESS.....									

FACILITY: _____ (Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

Consultant (print name):	Campus:
Ward/Clinic:	Date: / /
Referred by (print name):	Designation:
Signature	Phone number:
Reason for referral/planned treatment:	
Orthopantomogram (OPG) available (pre-order for dental assessment requests): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relevant medical history and allergies:	
Current medications (attach list if required):	
Interpreter/support service: Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, language:	
Does the patient have a Health Care/Pensioner Concession Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Request assessment within the following timeframe:	Relevant medical treatment start date(s):
<input type="checkbox"/> Emergency (less than 48 hours)	<input type="checkbox"/> Semi Urgent (less than 6 weeks)
<input type="checkbox"/> Urgent (less than 2 weeks)	<input type="checkbox"/> Not Urgent (next available appointment)
To contact Oral Health Services Tasmania regarding a patient referral, call (for internal use only):	
RHH Special Care Dental Unit	(for Royal Hobart Hospital (RHH) patients) 6166 0105
Burnie Dental Centre	(for North West Regional Hospital (NWRH) patients) 6478 6115
Northern Dental Centre	(for Launceston General Hospital (LGH) patients) 6777 1202
To be completed by Oral Health Services Tasmania	
Reviewed by (print name):	Designation:
Signature	Date: / /
Location of treatment:	<input type="checkbox"/> LGH Special Care Dental Unit <input type="checkbox"/> Northern Dental Centre
<input type="checkbox"/> RHH Special Care Dental Unit	<input type="checkbox"/> Southern Dental Centre <input type="checkbox"/> Devonport Dental Centre
<input type="checkbox"/> NWRH Special Care Dental Unit	<input type="checkbox"/> Burnie Dental Centre <input type="checkbox"/> Not accepted
Comments:	
Appointment date: / / Appointment time: :	
Email or fax completed form to Oral Health Services Tasmania: RHH Fax: 6234 9394 Email: scdu.rhh@ths.tas.gov.au	
LGH Fax: 6777 5130 Email: kelhamstdts@ths.tas.gov.au NWRH Fax: 6464 1945 Email: dental.parkside@ths.tas.gov.au	



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