



GOLD COAST

# Oral Maxillofacial & Implant Surgery

Pindara Specialist Suites  
Suite 3,01, Level 3  
29 Carrara St.  
Benowa QLD 4217

p: (07) 55278858  
f: (07) 55278850

Tweed Day Surgery  
Suite 7, Level 1  
38-44 Boyd St.  
Tweed Heads NSW 2485

p: (07) 55278858  
f: (07) 55278850

Ballina Day Surgery  
Suite 5, Level 1  
46 Tamar St.  
Ballina NSW 2478

p: (07) 55278858  
f: (07) 55278850

e: [admin@goldcoastoms.com.au](mailto:admin@goldcoastoms.com.au)  
[www.goldcoastoms.com.au](http://www.goldcoastoms.com.au)

Please send all correspondence to Benowa

## Referral for Consultation

Referral To: **Dr Shannon Webber**  
BSc MBBS BDS(c(Hons) FRACDS(OMS)  
**Oral and Maxillofacial Surgeon**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the required **X-ray** to be taken at **Gold Coast Oral Maxillofacial and Implant Surgery**  
**These X-rays can only be taken at our Benowa Rooms.**

- OPG
- Cone Beam/3D Scan

Referral By: Dr \_\_\_\_\_

Provider Number: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

