



**Dr John Sambevski**

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DClinDent (Orthodontics) (Sydney)  
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Certified Member of the Australasian  
Orthodontic Board

**Patient Details**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Tel: \_\_\_\_\_

**Reason for Referral**

- General orthodontic assessment
- Impaction / Eruption problem
- Crowding / Spacing
- Class I / II / III malocclusion
- Deep bite / Open bite
- Habits
- Anterior crossbite / Posterior crossbite
- Missing teeth

Notes / Other: \_\_\_\_\_  
\_\_\_\_\_

**Referring Doctor**

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

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

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Parking

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