**GP Referral Form – Healthy Smiles for Two**

For pregnant women who:

* Live in Tasmania’s North West AND
* Are covered by a current Health Care Card or Pensioner Concession Card OR
* Are under 18 years of age.

1. For patients under 18 years of age, dental care is free.
2. For adults, advise the patient that there will be a co-payment of $44 per appointment and that payment options are available.
3. Complete and email this form to: dental.devonport@ths.tas.gov.au

**Patient contact details**

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Postal address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Interpreter required: [ ]  Yes
Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected due date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Patient has given verbal consent for Oral Health Services Tasmania to contact them: [ ]  Yes

**Reason for referral**

|  |  |
| --- | --- |
| [ ]  | Check up |
| [ ]  | Pain |
| [ ]  | Bleeding gums |
| [ ]  | Sensitive teeth |
| [ ]  | Holes in teeth |
| [ ]  | Broken teeth |

**Any other problems in the mouth (please specify):**

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**Name of GP and contact number:**

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