Lester Settle & Associates
cnr bower and rookwood avenues
north new brighton, christchurch 8083
phone: 03 388 0881
fax: 03 388 0886
email: reception@qe2dental.co.nz

Date / /

Referring Dentist ______________________________

Address for Correspondence ______________________________
(1st time only)

______________________ Postcode ______________ Phone ______________

Patient Name ______________________________ DOB ___/___/___

Address ______________________________ Phone (H) ______________

______________________________ (W) ______________

______________________ Postcode ______________ (C) ______________

Email ______________________________

Relevant Medical History ______________________________

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Tooth/Teeth ______________________________

Treatment Required ______________________________

- ☐ Single Extraction
- ☐ Full Clearance
- ☐ Wisdom Teeth
- ☐ Consider IV Sedation
- ☐ Implant *(please circle)* Nobel 3i Biomet

Additional Information ______________________________

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URGENCY ☐ Routine ☐ Urgent