

Tooth Mate – Dental Referral Form (Sample Data)

Patient Information

Name	Eva Sunderland
NHI	ESU9112
DOB / Age	24 Sep 2022 (Age 3)
Gender	Female
Address	38 Stilwell Road, Mount Albert, Auckland 1025
Occupation	Preschool Student / Toddler
Email	j.sunderland3@gmail.com (Father)
Emergency Contacts	James Sunderland (Father) – 021 555 1837 Mary Sunderland (Mother) – 022 555 7891

Referring Provider

Referring Dentist	Dr. Sarah Michael
Clinic Name	Tooth Mate Dental Care
Address	12 Remuera Road, New Market, Auckland
Phone / Email	09 555 8234 / sarah.michael@toothmate.co.nz
Date of Referral	24 October 2025

Referred To (Specialist Clinic)

Specialist Name	Dr. Hannah Lee
Specialty	Paediatric Endodontist
Clinic	SmileBright Specialist Centre
Address	310 Queen Street, Auckland CBD
Contact	09 321 8876 / hannah.lee@smilebright.co.nz

Reason for Referral

Following playground trauma, Eva sustained enamel-dentine fractures on teeth 51 and 61. Referral is made for specialist evaluation and continued monitoring to rule out delayed pulp necrosis or root resorption.

Clinical Summary

- First dental visit after trauma event (fall from playground slide).
- Fractures confined to crowns; teeth firm with no displacement.
- Surrounding tissues healthy; no sign of infection.

- Periapical X-ray taken – no root or bone involvement.
- Sharp edges smoothed using polishing disc to prevent soft-tissue irritation.

Medical / Dental History

Medical Condition	Fit and Healthy; All immunisations up to date
Medication	None
Allergies	NKDA (No Known Drug Allergies)
Dental History	First ever dental appointment – no prior treatment
Parental Knowledge	Moderate – aware of brushing, needs guidance on bottle weaning and trauma follow-up

Treatment Summary & Plan

Immediate Treatment (Completed):

Polished rough edges on teeth 51 and 61 for comfort. ACC form completed. Reassured parents and maintained a positive child experience.

Follow-Up Plan:

6-month review to check for discolouration or abscess formation. Encourage use of cup instead of nighttime bottle to reduce caries risk.

Attached Records

■ Periapical X-ray ■ Clinical Photo ■ CBCT

Preferred Appointment Time

Weekdays, mid-morning (9:30 AM – 11:00 AM) to fit toddler nap schedule.

Referring Dentist Signature

Dr. Sarah Michael Date: 24 Oct 2025
Clinic Stamp: Tooth Mate Dental Care