



JASON ERASMUS

Oral & Maxillofacial Surgeon

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Date / /

DOB / /

Patient Name

Address

Postcode

Email

Telephone Hm

Wk

Mb

Date of Consultation / / (if known)

Medical History

Medication

Allergies

Referring Practitioner

Urgency Routine Urgent Consult

- Dentoalveolar Surgery
Extractions

- Orthodontic Surgery
Exposure | Bonding of bracket
Supernumeraries
Frenectomy

- Implants
- Orthognathic
- TMJ Surgery

- Oral Pathology
- Facial Trauma
- Reconstructive Surgery | Bone Grafting

ADDITIONAL INFORMATION