HUNTER ORAL & MAXILLOFACIAL
Surgery Centre

Dr Ian R. Wilson - Provider No: 509547H
BDS (Syd), MDS FRACDS, FRACD (OMS),
Grad Dip Arts (Theology), Cert IV (Counselling)

Dr Gary R. Hoffman - Provider No: 2271286T
MBBS, MMedSc, PhD, FACS, FRCS (Irel),
FRCS (Glasg), BDSc, MDSc, FRACDS, FACOMS

Suite 2, 1st Floor, 18 Lambton Road Broadmeadow NSW 2292 P: (02) 4962 4343 F: (02) 4962 4344
www.hunteroms.com.au

ADDITIONAL INFORMATION REQUIRED

Please complete the following information and forward to our rooms along with completed Medical Questionnaire form and signed Privacy/Consent to provide information form.

Patient Name: ……..

Patent DOB: ……

Health Fund name: ……..

Cover: ☐ Hospital ☐ Dental

Membership no: ……..

Primary card holder's name and reference number on card: ……

Patient's reference no (if different to primary cardholder): ……..

Medicare Card number: ……

Valid to date: ……

Patient's reference number: ……

Pension/ HCC Card number: ……

Next of Kin: Name:…… Relationship: ……

Phone number of next of kin: ……

Dentist Name: …… Phone No: ……

General Practitioner (GP) Name: …….. Phone No: ……..

Referrering Doctor: ☐ Dentist (as above)
☐ GP (above)
☐ Other (Please enter details below)

Referring doctor's name: ……..

Phone No: ……