

SPECIALIST REFERRAL

To  
**DR FIROZ IQBAL**  
*BDS, MDSc (Syd Uni), MRACDS (OralMed), FOMAA, FFOMP (RCPA)*  
Oral Medicine Specialist  
Oral & Maxillofacial Pathologist

**Consultation Room**  
5/149 Hawkesbury Road  
Westmead NSW 2145  
Tel: **02 9635 4900**

Referral Date: ...../...../.....

**Patient Detail**

Name: .....

Date of Birth: ...../...../.....

Address: .....

Gender:            Male            Female

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Contact:  
Telephone .....

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Mobile .....

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Reason for Referral: .....

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**Referred By**

Name: .....

Signature: .....

Address: .....

**Contact**  
Telephone .....

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Fax .....

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Email .....

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