Dr Evelyn Yeung
B.D.S. (Adelaide)
D.Clin.Dent. (Adelaide)
FICD, MRACDS (Paed)

HappySmiles for kids

Patient Details

Name:_____ Date of birth: _____

Address:_____

Responsible Party Name: _____

Contact number: _____

Email: _____

Reason for referral

- ☐ Caries
- ☐ Trauma
- ☐ Hypomineralisation/Tooth Defect
- ☐ Dental Anomalies
- ☐ Second opinion
- ☐ Other
- ☐ Additional comments: _____

_____

Radiographs available

BW PA Panoramic Other

Referred by

Name: _____

Practice Name: _____

Email:_____Date of referral: _____

- ☐ Please contact patient for appointment
- ☐ Responsible party will contact clinic for bookings

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Paedodontists providing specialist care for your child's oral health