



Faculty of Dentistry
The University of Hong Kong
香港大學牙醫學院

Institute for Advanced Dentistry
Multi-Specialty Clinic

Block A, 6th Floor The Prince Philip Dental Hospital
34 Hospital Road, Sai Ying Pun, Hong Kong
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Fax: 2549 6708
E-mail: referral.iad@hku.hk

Referral Form

Date:

Referring Unit:

Referring Dentist:

Telephone:

Email:

Patient Name:

Patient Contact:

Date of Birth:

Specialty to be referred:

Endodontics

Orthodontics

Implant

Paediatrics

Periodontics

Prosthodontics

OMFS

Daignosis:

Service Requested:

Referring Dentist Signature : _____