

SERVICE REQUEST / DIENSVERSOEK

Referred by/Verwys deur:

Address/Adres:

Tel:

Fax/Faks:

Referred to / Verwys aan:

Queenswood Practice
203 Shilling Queenswood, 0186
Tel: (012) 333-2224/6

Pretoria East Practice
77 Lombardy Business Park
c/o Graham & Cole Rd,
Silver Lakes, 0081
Tel: (012) 809-1911



PretoriaSmile
Orthodontics

Dr. Emad Ghabrial

BChD, MChD (in Orthod), H Dent Dipl, PG Dipl Dent (P. Manag.)
PR No. 6401511

Fax: 086 689 4770 / (012) 333 3033 • Cell: 083 448 8338
PO Box 11654 • Queenswood 0121
e-mail: orthodontist@iafrica.com

**FOR PATIENT
VIR PASIËNT**

Patient to make own appointment / Pasiënt sal eie afspraak reël

Appointment arranged for the patient / Afspraak vir die pasiënt gereël

**DATE
DATUM**

**TIME
TYD**

TREATMENT REQUEST - BEHANDELING VERSOEK

Consultation/Konsultasie

Other/Ander

Please return attached X-rays Stuur meegaande X-strale asb terug

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