

**SURAT RUJUKAN KE JABATAN PERGIGIAN PAEDIATRIK  
HOSPITAL MELAKA**

<b>NAMA:</b> _____	
<b>NO MYKID/ MYKAD:</b> _____	<b>TARIKH LAHIR</b> _____
<b>JANTINA:</b> L / P	<b>NO RUJUKAN:</b> _____
<b>TARIKH RUJUKAN:</b> _____	
<b>COMPLAINT OF:</b>	
<b>EXAMINATION :</b>	
<b>INVESTIGATIONS:</b>	
<b>REASON FOR REFERRAL, please tick boxes provided:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Early Childhood Caries</li> <li><input type="checkbox"/> Dental Caries</li> <li><input type="checkbox"/> Dental Anomaly eg. MIH, supernumerary</li> <li><input type="checkbox"/> Soft/ Hard Tissue pathology</li> <li><input type="checkbox"/> Complex medical problems or special needs</li> <li><input type="checkbox"/> Dental Trauma (primary/permanent):</li> <li><input type="checkbox"/> Oro-facial/ jaw trauma (soft/hard tissue)</li> <li><input type="checkbox"/> Opinion on poor prognosis permanent molars</li> <li><input type="checkbox"/> Disorders of tooth loss/eruption/missing</li> <li><input type="checkbox"/> Tooth surface loss</li> <li><input type="checkbox"/> Surgical management</li> <li><input type="checkbox"/> Periodontal problems</li> <li><input type="checkbox"/> Oro-facial infections</li> <li><input type="checkbox"/> Oro-facial clefts</li> <li><input type="checkbox"/> Behaviour management needing sedation/ General Anaesthesia</li> <li><input type="checkbox"/> Pre- Orthodontic management</li> <li><input type="checkbox"/> Soft/hard tissue developmental anomaly</li> <li><input type="checkbox"/> Cranio-facial anomaly</li> <li><input type="checkbox"/> Others: _____</li> </ul>	<b>PLEASE INDICATE DIFFERENTIAL DIAGNOSIS/ OTHER FINDINGS</b>
<b>REASON FOR REFERRAL:</b>	
<b>NAMA PEGAWAI:</b>	<b>TARIKH:</b>
<b>TANDATANGAN BESERTA COP PEGAWAI:</b>	