

Dr Dimitrios Nikolarakos

Oral & Maxillofacial, Head & Neck and Reconstructive Surgeon

P 07 5655 2180 F 07 5574 5783 E info@theomsclinic.com.au

Mr / Mrs / Ms First Name:		Surname:	Our Service
Date of Birth:	Occupation:		In-Office IV Sedation
Address:			
Suburb:	Postcode:	State:	On-Site Radiolog
Home Phone:	Work Phon	e:	On-Site Patholog
Mobile:	Email:		HiCap
			DentiCare Pay Plan
Emergency Contact D	etails		Wisdom Teetl
Name:			Dental Extraction
Phone:			Dental Implant
Address:			Bone Grafting
Suburb:	Postcode:	State:	Soft Tissue Grafting
Relationship to Patient:	- I osteode.	outc.	Sinus Lif
nelationship to ration.			Oral Surger
Medicare Number:	Reference on card:		Exposure & Bonding
Private Health Fund:		Extras Hospital	Jaw Corrective
			Facial Traum
Membership Number:	Reference	e on card:	TM
Health Care/Pension/DVA Number:			Oral Patholog
	Type (circle)	: Aged Pension/DVA/Other	Oral Medicine
Referring Doctor			Skin Cance
Specialist/GP (circle):			Sleep Apnoe
Phone Number:			Salivary Gland
Usual GP (if different from above):			Head & Neck Cance
Phone Number:	,.		Facial Reconstruction
Usual Dentist:			

Gold Coast Private Hospital

Suite 4 Ground Floor 14 Hill Street Southport QLD 4215

Tweed Specialist Centre

Suite 8 1st Floor 38 Boyd Street Tweed Heads NSW 2485

- www.theomsclinic.com.au



Private Hospital

Suite 4 Ground Floor

Southport QLD 4215

14 Hill Street

Centre

Suite 8 1st Floor

38 Boyd Street

Tweed Heads NSW 2485

Dr Dimitrios Nikolarakos

MBBS BDSc FRACDS(OMS) FRCS Eng(OMFS) Oral & Maxillofacial, Head & Neck and Reconstructive Surgeon

> P 07 5655 2180 F 07 5574 5783 E info@theomsclinic.com.au

Do you smoke?	per day	Our Services
Do you drink alcohol?	per week on average	In-Office IV Sedation
Do you have any allergies?		
Please tick the boxes below if	you have experienced any of the following	On-Site Radiology
		On-Site Pathology
Heart Disease	Liver or Kidney Disease	HiCap:
High Blood Pressure Diabetes	Osteoporosis Radiation Treatment	DentiCare Pay Plans
Anaphylaxis	Sinus Troubles	Wisdom Teeth
Respiratory Disease	Stroke	Dental Extraction:
Chemotherapy	Bleeding Problems	Dental Implant
Cancer	Vascular Disease	· ·
DI II II II II		Bone Grafting
Please list any medication you	u are taking	Soft Tissue Grafting
1.		Sinus Lif
2.		Oral Surgery
3.		Exposure & Bonding
4.		Jaw Corrective
5.		Facial Trauma
6.		TM.
7.		
8.		Oral Pathology
		Oral Medicine
9.		Skin Cance
10.		Sleep Apnoea
Are there any other medical p	ractitioners you would like to have copied on	Salivary Gland
	our referring doctor and usual GP?	Head & Neck Cance
Name Add	dress Phone	Facial Reconstruction
Traine 7.000	THORE	racial neconstruction
Cold Coast Turn	and Spacialist	
Gold Coast Twe	eed Specialist	

-www.theomsclinic.com.au



Dr Dimitrios Nikolarakos

MBBS BDSc FRACDS(OMS) FRCS Eng(OMFS)
Pral & Maxillofacial, Head & Neck and Reconstructive Surgeon

P 07 5655 2180 F 07 5574 5783 E info@theomsclinic.com.au

CONSENT TO COLLECT PATIENT INFORMATION

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and medical history so that we may properly assess, diagnose, and be proactive in your care needs. We will use the information you provide in the following ways:

- 1. Administrative purposes in running our medical practice.
- 2. Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- 3. Disclosure to others involved in your health care, including referring doctors and specialists outside this medical practice as advised by you.

I understand the reasons why my information must be collected.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any purpose other than the above, my consent will be sought.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure of which I may notify this practice.

Signed:			
Date:			
Patient or Guardian Name (Please pri	nt):		

Gold Coast Private Hospital

Suite 4 Ground Floor 14 Hill Street Southport QLD 4215

Tweed Specialist Centre

Suite 8 1st Floor 38 Boyd Street Tweed Heads NSW 2485

-www.theomsclinic.com.au

Our Services

In-Office IV Sedation

On-Site Radiology On-Site Pathology DentiCare Pay Plans Dental Extractions Dental Implants Sinus Lift Oral Surgery Exposure & Bondina Facial Trauma Oral Pathology Oral Medicine Skin Cancer Sleep Apnoea Salivary Gland Head & Neck Cancer

Facial Reconstruction