



### Tongue Tie Referral Letter to Paediatric Surgeon

To make an appointment please select one of the referral paediatric surgeons:

√	Paediatric Surgeon	Address	Contact details	Bulk billed
	<b>Perth Paediatrics</b> Mr Parshotam Gera	Suite 5, 2 McCourt St, West Leederville	Phone: 6162 1615 Fax: 9382 2637 www.perthpaediatrics.com.au	Yes
	<b>McCourt St Paediatrics</b> Dr Liz Whan	Suite 8 10 McCourt St West Leederville	Phone: 9380 6055 Fax: 9380 6917	Yes
	<b>Specialist Paediatric Dentist</b> iKids Paediatric Dental Care Dr Timothy Johnson	94 Stirling Hwy North Fremantle	Phone: 9433 6082 Fax: 9433 6120	No (private fees apply)

Date...../...../.....

Addressograph Label

Dear Mr Gera / Dr Whan / Dr Johnson

Thank you for reviewing baby ..... This patient was identified as having a tongue tie which is thought to be clinically significant and may require division. Your assessment is appreciated.

Regards,

Signature..... Designation.....

Print Name .....

Staff of the Neonatology Directorate, KEMH

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This referral has been approved by a Neonatal Consultant.

Dr .....

Print name.....

Signature..... Provider Number.....

Date/Time.....