



## Neuromodulator (Botulinum Toxin) Referral Form

**Referral to: Dr Elaine Ng**

My Dental Team  
101 Irrawaddy Rd, #21-08  
Royal Square Medical Centre  
Singapore 329565  
Whatsapp: +65 8054 1984  
Phone: +65 6530 3605  
Email: yoursmile.novena@mydentalteam.sg

### Patient's Information

Full name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Medical History:

Drug Allergies:

*\*Please attach any relevant reports, or records.*

Patient has had prior treatment with dermal fillers/neurotoxin

### Area of concern:

- Masseter hypertrophy/severe bruxism
- Frontalis (forehead)
- Lateral Canthal areas (crows feet)
- Glabella (frown lines)
- Eyelid ptosis (drooping)

I am referring the above patient to Dr Elaine Ng for evaluation and treatment with neuromodulator therapy if patient is deemed suitable.

Referring Clinician: \_\_\_\_\_ Email: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_