

Referral for

Implants Oral Surgery Periodontics Prosthodontics Endodontics

If implant therapy

Opinion or Treatment Planning advice only Implant Placement only Grafting only
Full Surgical and Prosthetic Care

Referring Practitioner

Name
Address Postcode
Telephone Facsimile
Mobile E-Mail

Patient Details

Name DoB
Address Postcode
Telephone Facsimile
Mobile E-Mail

Patients main complaint

Relevant Medical History

Signature **Date**

Please send any recent radiographs of the site and study models if available

More referral packs required

After the planning stage we will send you a copy of the treatment plan. If you have any questions or wish to discuss any aspect of the case, please let us know.

During the treatment the patient will remain in the overall care of the referring practitioner. We will always be available for ongoing advice and support following completion of the case and will review the patient as deemed appropriate. This is particularly so regarding supportive periodontal therapy which will be essential for the long term prognosis of treatment.

No patients will be accepted for routine general dentistry.