

PRACTICE REFERRAL FORM



DISCIPLINE REFERRING

DISCIPLINE REFERRING TO (Please tick more than one box if multidisciplinary case)

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> IMPLANTS - Paul Swanson | BDS MFGDP(UK) PG Cert (Sed) DipImpDent RCS (Eng) MSc (Implant) |
| <input type="checkbox"/> RESTORATIVE - Steven Barber | BDS MFDS RCPS FDS (Rest Dent) RCPS |
| <input type="checkbox"/> PERIODONTAL - Ian Dunn | BCHD MFGDP (UK) MSC (Perio) |
| <input type="checkbox"/> ENDODONTICS - Kate Blundell | BDS MFDS RCS (ED) PGCert (Clin. Teach) (MSC) Endo) |
| <input type="checkbox"/> ORTHODONTICS - Andrew Garry | BA, BDentSc, MFDS, M.Orth (RCS Ed), DDSc |
| <input type="checkbox"/> IV SEDATION - As part of above treatment(s) | |

REFERRING DENTIST DETAILS

Title: _____ Name: _____
Practice Address: _____
Practice No: _____ Mobile No: _____ Email: _____
Preferred Method of Contact: Practice No: Mobile No: Email:

PATIENT DETAILS

Title: _____ Name: _____
Address: _____
Home No: _____ Mobile No: _____ Email: _____
Date of Birth: _____

RELEVANT MEDICAL HISTORY

Smoker? Yes No

CURRENT MEDICATION

CASE HISTORY

ENCLOSURES (Please send any relevant Radiographs - NOT JUST MOST RECENT)

Signature: _____ Date: _____