

periodontics ■ endodontics ■ oral surgery ■ sedation ■ implants ■ prosthodontics 
orthodontics

## referral form

Patient details		Referring dentist's details
First Name	Surname	Date of Referral
	ountuito	
Address		Name of Dentist
		Address
Postcode	Date of Birth	Postcode Tel:
Tel: Home Work/ Mobile		Has the patient attended our Clinic before? Yes No
Relevant medical histor	y	Orthodontics
		Clinical Observations
		Case History
Endedenties		Cadatian
Endodontics		Sedation
Consult for Opinion Only		Please state what treatment to be provided under intravenous sedation?
<ul> <li>Root Treatment</li> <li>Removal of Broken Instruments</li> </ul>		Conservative dentistry
		Endodontics     Periodontics
		□ Oral surgery
Please advise of any previous treatr	nent on this tooth and	Is the patient in pain Yes No
treatment planned for the future (add to comments below)		
Other Comments		Other Comments
Periodontics		Implantology
The patient requires:		
Treatment for Periodontal disease		Is urgent assessment required? Yes D No D
Mucogingival Surgery		Which teeth require replacement?
Crown lengthening Other (add to comments below)		
Other Comments		Other Comments
CT Scanning		Oral Surgery
Which jaw do you require?	What is the indication for your	Surgical Extraction(s)
Full Maxilla	scan?	Crown Lengthening
Full Mandible		
5x4cm scan of local area		Third molar extraction
(Please indicate the region in the box below)		The Patient would like to be treated under: -
		What is the indication for the surgery requested?
Viewing software will be provided. Please ad	dvise us if you require Simplant™ software.	

Prosthodontics				
Prosthodontics	Case History			
Crown and Bridge				
Complete / Partial Dentures				
Other Problems (Please Specify)				
Please feel free to add any additional information in the box below or enclose a letter of referral. Please include any current radiographs, we will				
return the radiographs to you upon completion of treatment. Thank you for referring this patient. Unless you have booked an appointment with us for the patient, we will contact them directly to arrange a consultation appointment.				

## Additional information

## Enclosures

Radiographs	
Clinical Notes	
Photographs	
Study Models	