DENTIST @ REDHOUSE

IMPLANT REFERRAL FORM

PRACTICE DETAILS

Referring Practice: ..... Date Referred: .....

Referring Dentist: .....

PATIENT DETAILS

Patient's Name: ..... Email: .....

Patient's Address: .....

.....

Telephone: Home: ..... Work: ..... Mobile: .....

Date of Birth: .....

REASON FOR REFERRAL

- ☐ Opinion & Treatment Planning
- ☐ Implant Placement
- ☐ Implant Placement & Restoration
- ☐ Bone / Sinus Grafting

BRIEF HISTORY / COMMENTS ABOUT THIS REFERRAL

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INVESTIGATIONS ALREADY UNDERTAKEN

- ☐ OPG
- ☐ PA's
- ☐ Other Radiographs
- ☐ Are these enclosed?
- ☐ .....

PLEASE SEND THIS FORM BACK TO THE ADDRESS BELOW
OR EMAIL TO INFO@DENTISTATREDHOUSE.CO.UK

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Tel: 01527 63141 www.dentistatredhouse.co.uk

BDA goodpractice