

PRACTICE REFERRAL FORM

Please write clearly completing all fields carefully

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

- | | |
|--|--|
| ☐ IMPLANTS - Paul Swanson | BDS MFGDP(UK) PG Cert (Sed) DipImpDent RCS (Eng) MSc (Implant) |
| ☐ RESTORATIVE - Steven Barber | BDS MFDS RCPS FDS (Rest Dent) RCPS |
| ☐ PERIODONTAL TEAM - or pick your preferred clinician below: | |
| ☐ PERIODONTAL - Ian Dunn | BCHD MFGDP (UK) MSC (Perio) |
| ☐ PERIODONTAL - Ruth Crook | BDS MSC (Perio) Dundee |
| ☐ PERIODONTAL - Michael Goodman | BDS MSC (Perio) Sheffield |
| ☐ ENDODONTIC TEAM - or pick your preferred clinician below: | |
| ☐ ENDODONTICS - Michael Dodd | BSc (hons), MSc, BDS (hons), MFDS RCS (edin.) |
| ☐ ENDODONTICS - Ian Bowles | BchD, MfGDP, DipRestDent RCS (Eng), MScEndo (Dist) |
| ☐ ORTHODONTICS - Andrew Garry | BA, BDentSc, MFDS, M.Orth (RCS Ed), DDSc |
| ☐ ORAL SURGERY - Abd Kouzali | BDS, RCS (Eng) |
| ☐ IV SEDATION - As part of above treatment(s) | |

REFERRING DENTIST DETAILS

Title: _____ Name: _____

Full Practice Address: _____ Postcode: _____

Practice Tel: _____ Mobile No: _____ Email: _____

Preferred Method of Contact: Practice No: ☐ Mobile No: ☐ Email: ☐

PATIENT DETAILS

Title: _____ Name: _____

Full Address: _____ Postcode: _____

Home Tel: _____ Mobile No: _____ DOB: _____

E-mail: _____

RELEVANT MEDICAL HISTORY

Smoker? Yes ☐ No ☐

CURRENT MEDICATION

CASE HISTORY *please continue on back if needed*

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

Signature: _____ Date: _____