

For information about how we will use your personal details please see our Privacy Notice.

PATIENT DETAILS

Patient Title: _____

Patient First Name: _____

Patient Surname: _____

Patient Date of Birth: ____ / ____ / ____

Patient Address: _____

Patient Postcode: _____

Patient Phone Number: _____

Patient Email: _____

Patient Gender: Male Female Other Prefer not to say

REFERRING CLINICAL DETAILS

Dentist Title: _____

Name of Clinician: _____

Practice Address: _____

Practice Postcode: _____

Referring Clinician/Practice Email Address: _____

Telephone Number: _____

REFERRAL DETAILS

Dental:

- Restorative Dentistry
- Composite Bonding
- Dental Implants
- Dental Hygiene
- In-House ZOOM Whitening
- Orthodontics
- Invisalign® Clear Aligners
- Paediatric Dental
- Emergency Dental Care

Medical:

- General Medical Practice
- Physiotherapy
- Blood Tests
- IV Vitamin Drip / Vitamin Shots / Vitamin B12 / Immunisation
- Dermatology / Skin Surgery / Mole Removal

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Skin:

- Laser Hair Removal
- IV Vitamin Therapy
- Anti wrinkle
- Dermal Fillers
- Profhilo
- Polynucleotide treatment

REFERRAL NOTES

Do you have any files you wish to attach in support of this referral?

(Radiographs / Clinical Photos)

- Yes No

NOTE

Prior to or during complex treatment, we may co-ordinate hygienist appointments in-house. For implant patients, due to the risk of peri-implantitis, it is normally a condition of our guarantee that the patient sees an implant-trained hygienist at prescribed intervals during the course of their treatment and for 12 months subsequently. Our guarantee is one year for the titanium implant screw and for the crown or bridge.

It is our pledge that ALL patients will be returned to your care at the end of treatment and we will NOT provide any non-essential treatment outside the remit of your referral without consulting you first.

For certain treatments we would like to recall the patient at yearly intervals for a review and audit of our work.