

**Referral for**

Implants  Oral Surgery  Periodontics  Prosthodontics  Endodontics

**If implant therapy**

Opinion or Treatment Planning advice only  Implant Placement only  Grafting only   
Full Surgical and Prosthetic Care

**Referring Practitioner**

Name   
Address  Postcode   
Telephone  Facsimile   
Mobile  E-Mail

**Patient Details**

Name  DoB   
Address  Postcode   
Telephone  Facsimile   
Mobile  E-Mail

**Patients main complaint**

**Relevant Medical History**

**Signature**  **Date**

**Please send any recent radiographs of the site and study models if available**

**More referral packs required**

After the planning stage we will send you a copy of the treatment plan. If you have any questions or wish to discuss any aspect of the case, please let us know.

During the treatment the patient will remain in the overall care of the referring practitioner. We will always be available for ongoing advice and support following completion of the case and will review the patient as deemed appropriate. This is particularly so regarding supportive periodontal therapy which will be essential for the long term prognosis of treatment.

No patients will be accepted for routine general dentistry.