

Specialist Referral Form

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the dental practice

42 Pembridge Road
 Notting Hill Gate
 London W11 3HN
Tel: 020 7229 5542
Fax: 020 7229 1200

Referring Dentist:

Address

.....

Telephone/Fax:

E-mail

Patient Name

Patient Address

.....

D.O.B.

Telephone (H)

(W)

(M)

Referral for:

Consultation
advice only

Treatment

Periodontics (Dr Shekha Bhuva)	<input type="checkbox"/>	<input type="checkbox"/>
Endodontics (Dr Vida Adib)	<input type="checkbox"/>	<input type="checkbox"/>
Oral Surgery (Dr Anna Maciag)	<input type="checkbox"/>	<input type="checkbox"/>
Prosthodontics (Dr Sohaib Safiullah)	<input type="checkbox"/>	<input type="checkbox"/>
Restorative Dentistry (Dr Sohaib Safiullah)	<input type="checkbox"/>	<input type="checkbox"/>
Implants (Dr Anna Maciag / Dr Sohaib Safiullah)	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontics (Dr Avani Patel)	<input type="checkbox"/>	<input type="checkbox"/>
Paedodontics & Special Needs Dentistry (Dr Peta D'Souza)	<input type="checkbox"/>	<input type="checkbox"/>

Teeth (please mark as appropriate)	<u>8 7 6 5 4 3 2 1</u>		<u>1 2 3 4 5 6 7 8</u>
	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8

Reason for referral / patients complaint

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Enclosure to be returned Yes No

All patients who have been referred to any of our specialists will be returned back to you once treatment has been completed (unless otherwise requested). It is our policy to keep you informed at the beginning and end of treatments. If the patient has only been referred for assessment or treatment planning, a letter will be sent back to you as soon as possible.

Please feel free to contact the practice at any time if you have any questions or queries or if you would like to discuss any aspect of the treatment with the specialist.

Signature of referring dentist

Date

Thank you for your referral