

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)

(M)

E-mail

Referral for:

Consultation
advice only

Treatment

Periodontics (Dr Omar Patel)

Endodontics (Dr Vida Adib)

Oral Surgery (Mr Mo Shorafa)

Prosthodontics (Dr Sonia Alam)

Implants (Dr Sonia Alam / Mr Mo Shorafa)

Orthodontics (Dr Bhavin Soneji)

Paedodontics & Special Needs Dentistry

(Dr Raffaella Mattiozzi)

Maxillofacial Surgery (Mr Mo Shorafa)

Dental Hygiene (Katie Arnold)

Teeth (please mark as appropriate)

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

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