



IMPLANT SURGERY REFERRAL FORM

Patient Details

Name	Address
D.O.B.	
Home	
Mobile	
Email	

Referring Doctors Details

Referring Clinician	Surgery Address
GDC/GMC Number	
Surgery Telephone	
Mobile (Optional)	
Surgery Email	

Relevant Medical & Social History

Medical & Surgical History, Current Medications, Known Drug &/or Material Allergies, Smoking & Alcohol Use etc

Area under consideration for implant placement and any relevant dental history

Proposed site, Oral Hygiene, Periodontal Health, Examination & Hygienist Recall Frequency etc

Do you wish to restore the implant yourself following surgical placement?

Usually we use Nobel Biocare components with a Conical Connection interface, but will advise accordingly

Declaration by Referring Clinician

- All parts of this form must be completed by the referring clinician in advance of the patient's appointment
- By signing below, you declare that you...
 - Are a registered clinician and appropriately trained to restore dental implants (if applicable)
 - Will take all steps to comply with the General Data Protection Regulations (May 2018)
 - Will advise the patient that the first appointment with us will be for the purpose of taking a history, conducting an examination and performing any appropriate special tests and NOT for treatment in the first instance (unless otherwise organised)
 - Will advise the patient that there will be a charge made for any appointment with us. Details of charges can be obtained by contacting our Surgery Manager (Yvonne Henkel) on [01747 898 303](tel:01747898303)

Signed

Date

Where possible we would be grateful if you are able to supply us with either digital or hard copies of any current radiographic investigations to save the patient an unnecessary second exposure. Generally, our software can read all formats of digital images including DICOM, jpeg, Png etc