

RECORD OF REFERRAL

DETACH FOR YOUR REFERENCE

PATIENTS DETAILS

Patients name

Date of birth

DAY MONTH YEAR

Date of referral

DAY MONTH YEAR

REASON FOR REFERRAL

HOW TO CONTACT US

Birmingham Periodontal & Implant Centre

115 Court Oak Road
Harborne
Birmingham
B17 9AA

Practice opening hours

Monday to Wednesday
8.00 am till 6.00pm
Thursday & Friday
9.00am till 5.00pm

t: +44 (0) 121 427 3210
f: +44 (0) 121 427 4922
w: www.bpidental.co.uk
e: info@bpidental.co.uk


birmingham periodontal
and implant centre



REFERRAL PROCEDURE

Once a patient has been referred we will contact the patient directly to arrange a consultation. Following the consultation a full written report will be sent to you. During the treatment patients are always reminded to continue to see their own general dental practitioner for regular routine examinations and any necessary treatment.

REFERRING DENTISTS DETAILS

Dentist's name

Practice address

Telephone number

Fax number

Email address

PATIENTS DETAILS

Patients are contacted by telephone - Please submit all possible numbers

Patients name

DAY MONTH YEAR
Date of birth

Gender

MALE

FEMALE

Address

Mobile

Home

Email address

Work

REASON FOR REFERRAL

Periodontal therapy

Fixed & removable prosthodontics

Implant therapy

Bone / soft tissue augmentation

Restorative therapy

Endodontic therapy

CT SCAN REQUIRED

Single jaw

Both jaws

Please post me some more referral forms

PATIENT TO WEAR SCANNING GUIDE?

YES

NO

DELIVERY OPTIONS

ICAT VISION SOFTWARE
No additional fees

SIMPLANT / NOBEL GUIDE
Additional fees apply

SIGNATURE OF REFERRING DENTIST

GDC NUMBER

DATE