

Implant Referral Form

Details of dental surgeon referring patient for implant placement

Name of dental surgeon:

Practice address:

Postcode:

Telephone:

Email:

Fax:

Patient Details

Mr/Mrs/Miss (Delete as appropriate)

Date of birth (dd/mm/yy) : / /

First name:

Surname:

Address:

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.....

Postcode :

Home tel:

Mobile:

Work tel:

Patient's primary concern:

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Relevant medical history:

Please give details of any relevant information that may be of assistance:

Please complete the details as fully as possible.

Would you like us to provide prosthetic care? Yes No

Yes Would you like to attend any stages of treatment and surgery? Yes No

Objectives of implant treatment for this case:

- Single tooth replacement
- To retain fixed bridge
- To stabilise removable prosthesis
- To retain complex full-arch restoration

It may not be possible to place implants in certain positions due to factors such as insufficient bone or proximity to nerve canals. Usually with these cases bone augmentation can be carried out in conjunction with implant surgery.

Every patient that you refer to our practice will receive a full written report, which will help your patient understand the nature of the proposed treatment and give them a broad idea of the anticipated costs. Once they have received this report, they should telephone the clinic so that a suitable consultation appointment can be arranged.

Study models and radiographs

It would be most helpful if you could send any available information, such as models and radiographs to us in advance or with the patient for their consultation with us. We will ensure that they are returned to you.

Date:

Signature :