



CHELTENHAM DENTAL SPA

REFERRAL FORM: *Dental implants, Bone grafting and Orthodontics*

PATIENT DETAILS

TITLE

NAME

HOME ADDRESS

DOB (DD/MM/YYYY)

TELEPHONE

EMAIL

REFERRING DENTIST DETAILS

TITLE

NAME

PRACTICE NAME AND ADDRESS

GDC NUMBER

TELEPHONE

EMAIL

SIGN WITH YOUR INITIALS

IMPLANT*

- Service LEVEL 1: Assessment Only
- Service LEVEL 2: Implant Placement Only
- Service LEVEL 3: Augmentation
- Service LEVEL 4: Complete Treatment

RESTORATIVE AND AESTHETIC

- Crown and Bridge
- Veneers
- Orthodontics
- Restorative / Aesthetic
- Aesthetic

OTHER

- Root Canal Treatment
- Extractions
- Hygienist / Periodontal



CHELTENHAM DENTAL SPA

PATIENT COMPLAINT / REASON FOR REFERRAL

RELEVANT MEDICAL HISTORY

HOW DID YOU HEAR ABOUT US

DATE (DD/MM/YYYY)

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LEVEL 1

Opinion and assessment only.

A single appointment to discuss options and costs and may include an OPT or cone beam CBCT scan.

LEVEL 2

Implant placement only.

Implants placed after an assessment and planning; all restorative aspects are carried out by the referring dentist.

LEVEL 3

Bone grafts and Sinus augmentation

After the augmentation treatment the implant placement is carried out by the referrer.

LEVEL 4

Full treatment.

The patient is referred to us for all phases of treatment including assessment, surgical and restorative phases.