

Implant Referral Form

How to Refer - In order to refer a patient, please complete the form and return it to Castle Park Dental Care, 28 Castle Road, Cottingham, HU16 5NA.

Title: Surname: First Name:

Address:

Date of Birth: Email Address:

Tel (home): Tel (work): Tel (mobile):

Tick as appropriate:

The patient attends regularly Is new to the practice The patient needs full restorative diagnosis

The problem is associated to:

Associated problems are:

Pain Swelling Root Filled Recurrent Abscesses Tooth mobility Crowned

Previous Restorative Treatments:

Details of any other relative problems:

Request for other surgical treatments:

- Soft Tissue Surgery Crown Lengthening Ridge Augmentation Surgical Endodontics
 Extraction and Socket Fill

Add more details here...

Add Relevant Medical History:

Referring dentist name:

Surgery Telephone:

Postcode:

Surgery Address:

Please indicate if you would like to carry out the restoration of the implants:

- Yes No