Hutton Village Dental Practice

Address: **Hutton Village Dental Practice, 217 Rayleigh Road, CM13 1PJ, 01277 245390**
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PERIODONTICS REFERRAL FORM

REFERRAL PROCEDURE

Please POST or E-mail the referral form to us

Upon receipt of your referral an appointment will be sent direct to the patient by post /telephone as appropriate.

TODAY's Date: …….. REFERRING Dentist: ……

Practice name and address: ……

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Practice phone number: …… Email: ……

PATIENT DETAILS :

First Name and Surname: …….. Date of Birth ……..

Address: ……

…….. Postcode: ……

Telephone No's: Home: …… Mobile: ……

Patient email address: ……

PLEASE REPORT RELEVANT MEDICAL HISTORY: ***Patient's ASA classification:*** _____

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PLEASE EXPLAIN REASONS FOR PERIODONTAL REFERRAL: (*Please give details about any periodontal risk factors / periodontal treatment previously delivered which might affect the provision of treatment)*

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Please provide any recent radiographs (Preferably digital/email)

Does the patient require IV conscious sedation? _____

Does the patient require any additional restorative treatment you request to be delivered during the same periodontal course of treatment? (*Please provide details* / Also if the referring dentist is intending to deliver definitive restorative treatment options following periodontal management, please discuss in order to co-ordinate treatment planning)

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Please ensure that patients /parents/ guardians understand a consultation appointment is mandatory to assess, diagnose and treatment plan before periodontal treatment can be performed.