Dentalia

Dental Clinic and Laboratory

Professional Referrals Form

Online referral form also available on:

www.dentalia.co.uk

PATIENT DETAILS

Name:

DoB:

Address:

Postcode:

Telephone:

Email:

REFERRING DENTIST DETAILS

Date of referral:

Dentist Name:

Practice Address:

Practice Postcode:

Telephone:

Email:

REASON FOR REFERRAL: _____

Has this patient been seen at Dentalia before? ☐ Yes ☐ No

MEDICAL HISTORY: _____

ENCLOSURES

Radiographs: ☐ PA ☐ BWS ☐ OPG ☐ CBCT Casts: ☐ Yes ☐ No Copy of Notes: ☐ Yes ☐ No

☐ US TO TAKE APPROPRIATE RADIOGRAPHS

ENDODONTICS

☐ Consultation Only ☐ RCT ☐ Re-root treatment ☐ Apicectomy ☐ Hemi-section ☐ Perforation

☐ Root resorption ☐ Removal of fractured instrument ☐ Calcified stone removal

Please record any additional information overleaf

DENTAL HYGIENIST

☐ Classic Clean(mild/moderate calculus) ☐ Deep Clean(heavy calculus +staining) ☐ Airflow (for heavy staining)

Tick if you would like us to continue with the patient's OH maintenance: ☐ Yes ☐ No

PERIODONTICS

☐ Periodontal treatment ☐ Crown lengthening ☐ Peri-Implantitis ☐ Gingival grafting

Please record any additional information overleaf

IMPLANTS ☐ **Implant Only** ☐ **Restoration Only** ☐ **Both** **(please indicate)**

☐ Single tooth ☐ Multiple teeth ☐ All on 4 - 6 teeth

Please record any additional information overleaf

ORTHODONTICS

Clinical details

☐ Class I ☐ Class II Div I ☐ Class II Div II ☐ Class III ☐ Spacing ☐ Crowding

☐ Deep Bite ☐ Open bite ☐ Cross bite ☐ Habit Overjet: mm Overbite: mm

Patients' main concern: _____

Please record any additional information below

CLINICAL DENTAL TECHNICIAN

Denture Required: ☐ Full UPPER/LOWER ☐ Partial UPPER/LOWER (please circle as appropriate)

☐ Immediate Denture Any planned extractions _____

Material: ACRYLIC/ COBALT-CHROMIUM/ PEEK

Patient periodontally stable: ☐ YES ☐ NO

Additional retention required: CLASP/REST MILLED/TELESCOPIC CAD/CAM

Please record any additional information below

RADIOGRAPHY

Please use separate radiography referral form or use online referral form on www.dentalia.co.uk

ADDITIONAL DETAILS

Dentalia

10 Plover House, Aviary Court, Wade Road, Basingstoke RG24 8PE

01256 353033/ 01256 353 252

info@dentalia.co.uk www.dentalia.co.uk