



The Implant Experts, 3 Ashford Road, Maidstone, Kent ME14 5BJ

Tel: 01622 751553

Email: enquiries@theimplantexperts.com

Web: theimplantexperts.com

Yavar Khan

Specialist Periodontist

BDS(Lon) MFDS RCS(Ed) DClInDent(Lon) MPerio RCS(Ed)

Anthony Bendkowski

Clinical Director

BDS FDS LDS MFGDP MSurgDent DipConSed DPDS MDTFEd

## PERIODONTAL REFERRAL FORM

Referral Date .....

### Patient Details

\*Compulsory fields

\*Name Mr/Mrs/Miss/Ms.....

\*Address .....  
.....  
..... Postcode .....

\*Telephone Home ..... Work .....

\*E-mail Address .....

\*Date of Birth ...../...../.....

### Details of Dental Surgeon referring patient for Periodontal Placement

Practitioner Name .....

Practice Address .....  
.....  
.....

Telephone ..... Fax .....

Email .....

### Clinical details and previous periodontal treatment history (brief description)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

## Diagnosis

- |                          |                          |
|--------------------------|--------------------------|
| Recession                | <input type="checkbox"/> |
| Chronic periodontitis    | <input type="checkbox"/> |
| Aggressive Periodontitis | <input type="checkbox"/> |
| Peri-implantitis         | <input type="checkbox"/> |
| Gingival overgrowth      | <input type="checkbox"/> |
| Other (please specify)   | <input type="checkbox"/> |

## Referral for

- |                                    |                          |
|------------------------------------|--------------------------|
| Assessment and advice              | <input type="checkbox"/> |
| Periodontal management             | <input type="checkbox"/> |
| Implant based replacement of teeth | <input type="checkbox"/> |
| Other (please specify)             | <input type="checkbox"/> |

## Level of involvement with TIE

Please indicate the nature of treatment that you would like to provide for this patient if indicated in the treatment plan.

- |                           |                          |
|---------------------------|--------------------------|
| Hygienist maintenance     | <input type="checkbox"/> |
| Crowns and bridgework     | <input type="checkbox"/> |
| Resin retained bridgework | <input type="checkbox"/> |
| Partial dentures          | <input type="checkbox"/> |
| Endodontics               | <input type="checkbox"/> |
| Extractions               | <input type="checkbox"/> |
| Implant placement         | <input type="checkbox"/> |
| Implant restoration       | <input type="checkbox"/> |
| Orthodontics              | <input type="checkbox"/> |

Every patient that you refer to our clinic will receive a pre-consultation information pack that 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 pack, 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.

If you have any queries then please do not hesitate to contact us:

Telephone 01622 751553

[enquiries@theimplantexperts.co.uk](mailto:enquiries@theimplantexperts.co.uk)