The Implant Experts, 3 Ashford Road, Maidstone, Kent ME14 5BJ
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Clinical Lead for Periodontics

Referral Date ....

PERIODONTAL REFERRAL FORM

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 Implant Placement

Practitioner Name   ....

Practice Address   ....

                     ....

                     ....

                     ....

Telephone   .... Fax ....

Email   ....

Clinical details and previous periodontal treatment history (brief description)

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

Diagnosis

Recession	☐
Chronic periodontitis	☐
Aggressive Periodontitis	☐
Peri-implantitis	☐
Gingival overgrowth	☐
Other (please specify)	☐

Referral for

Assessment and advice	☐
Periodontal management	☐
Implant based replacement of teeth	☐
Other (please specify)	☐

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	☐
Crowns and bridgework	☐
Resin retained bridgework	☐
Partial dentures	☐
Endodontics	☐
Extractions	☐
Implant placement	☐
Implant restoration	☐
Orthodontics	☐

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