


implant referral



referring dentist

Name _____ Date _____
Address _____ Tel _____
Postcode _____ Fax _____
Email _____

patient details

Name _____ Home _____
Address _____ Work _____
Postcode _____ Mob _____
DOB _____

relevant medical history

Please include any radiographs which may help in evaluating the patient. We will return them to you after use.

reason for referral (please tick)

Opinions only Other _____
 Single tooth missing _____
 Totally edentulous jaw(s) _____
 Multiple teeth missing _____
 Full mouth rehabilitation _____

Types of implant borne restoration which have been explained to the patient (please tick)

Single tooth implant Implant supported bridge
 Implant & tooth borne bridge Hybrid prosthesis
 Partial overdenture Full overdentures
 Full restorative case including perio, prostho, endodontics and implants

further information

Are there any radiographs enclosed? Yes No
Has the patient been informed of the cost of consultation? (£130+and radiographs) Yes No
Has the patient been made aware of the level of investment that may be required? Yes No
Has the patient been informed of the location of Buckle & McGrath? Yes No