



Woodhouse Implants & Aesthetics
229A Woodhouse Road
London
N12 9BD
Tel. 02083689229

Referral Form

Practice Details

Referring Practice: .....Date: .....
Practice Address: .....
.....Tel: .....
Referring Dentist: .....
Email: .....

Patient details

Patient Name: .....Date of Birth: .....
Patient Address: .....
.....
Mobile: .....Tel Home: .....
Tel Work: .....Email: .....
Is this Referral urgent? [ ] Yes [ ] No

Referral Information (Please tick all relevant boxes)

- Reasons for Referral: [ ] Full mouth reconstruction, [ ] Implant assessment, placement Restoration, [ ] Implant placement and refer back for restoration, [ ] Opinion only, [ ] Single tooth missing, [ ] Multiple teeth missing, [ ] Totally edentulous jaw (s)
Types of implant retained restoration which have been explained to the patient: [ ] Single tooth implant, [ ] Partial overdenture, [ ] Full restorative case including perio & implants, [ ] Implant supported bridge, [ ] Full overdenture
Is your request of implant placement only? [ ] Yes [ ] No
Has the patient been made aware of the level of investment required? [ ] Yes [ ] No

Affected area

[ ] Upper [ ] Lower [ ] Both

BRIEF HISTORY (Comments about this referral)

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DIAGNOSTIC AIDS (Please tick all relevant boxes)

In order to minimise unnecessary exposure please indicate which radiographs you are sending with the referral

[ ] OPG [ ] PA's [ ] Other Radiographs

Signature.....

Date.....