best health clinics
DENTAL | COSMETIC | MEDICAL

DENTAL Private patient referral form

Please return the referral form to the address below or scan and email. Alternatively you can refer online at **www.bhclinics.com.** More copies of this referral form are available online in a PDF format.

Date:

Referring dentist **details**

Name of dental practitioner	Dental surgery name
Dental surgery address	Postcode
Telephone	Email

Patient **details**

Title First Name	Surname
Address	Postcode
Telephone - Home	Telephone - Mobile
Date of birth	Email

Referral **reason**

Root canal treatment	☐	Re-root canal treatment	☐

Extraction (roots, ankylosed teeth)	☐	OAF closure	☐	Frenectomy	☐
Impacted, buried teeth	☐	Apicectomy	☐	Facial Cosmetics e.g. Anti Wrinkle, Dermal fillers	☐

TREATMENT WITH IV SEDATION (16 YEARS AND OVER)	Restorative (fillings, inlays, crowns etc.)	☐	Hygiene	☐
	Endodontics	☐	Extraction/implants	☐

Implant placement (refer back for restoration)	☐	Maxillary sinus lift	☐
Implant placement and restoration	☐	Peri-implantitis	☐
Problem with existing implant(s)	☐	Implant maintenance program with hygienist	☐

Please include reason for referral & medical history

Relevant radiographs enclosed? Yes ☐ No ☐

Thank you for your referral

Best Health Clinics, 58 Billet Lane, Hornchurch, Essex, RM11 1XA
Telephone: 01708 477 577 **Email:** info@bhclinics.com **Website:** www.bhclinics.com

I give permission for Best Health Clinics to thank me for my referral on Twitter and/or Facebook. Please tick box if no ☐