

Date \_\_\_\_\_

SANDOWN DENTAL & IMPLANT CLINIC ACCEPTS REFERRALS FROM OTHER DENTISTS AND DENTAL PRACTICES. TO MAKE A REFERRAL PRINT THIS PDF AND SEND IT BACK TO US.

Please be assured we will neither approach nor accept your patient for non-referred treatment.

Practice details	
Referring Dentist	
Referring Practice Address	
Tel	
Email	

Patient details	
Name	
Address	
Date of birth	
Telephone	
Mobile	
Email	
Is this referral urgent	

**Reasons for referral**

- Full mouth reconstruction
- Implant assessment, placement & restoration
- Implant placement & refer back for restoration
- Opinion only
- Single tooth missing
- Multiple teeth missing
- Totally edentulous jaw(s)

**Is your request for implant placement only?**

Yes  No

**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

**Has the patient been made aware of the level of investment that may be required?**

Yes  No

History

**Diagnostic aids**

OPG  PA's  CBCT scan  Other radiographs



SANDOWN  
DENTAL & IMPLANT CLINIC

FIND US  
33-35 Sandown Road  
Belfast Co. Antrim BT5 6GT

CONTACT US  
028 9047 1070  
info@sandowndental.com

DR PATRICK R REA  
BDS (Lon) MMedSci (Dental  
Implantology) & Associates

www.sandowndental.com