implants at alpha house

Diarmuid Mark Buckley
BDS, MSC (Implant Dentistry)
GDC Registration Number: 64976

REFERRAL FORM

PATIENT DETAILS:

Title: DoB (DD/MM/YYYY):

First Name: Surname:

Address:

Postcode:

Tel No (Day): Tel No (Evening):

Preferred method of contact: ☐ Post ☐ Phone ☐ Email

REFERRAL REQUIREMENTS:

- ☐ Implant placement only
- ☐ Multiple implant placement
- ☐ Implant and restoration
- ☐ Bone regeneration
- ☐ Other (please specify):
- ☐ Prosthetic restoration of implants
- ☐ Socket preservation technique
- ☐ Implant treatment planning
- ☐ CT Scan

Smoker: ☐ Yes ☐ No Number smoked per day:

PATIENT MEDICAL HISTORY:

Are relevant radiographs being sent? ☐ YES by post ☐ YES by email ☐ NO

REFERRING PRACTICE:

Full Name:

Address:

Tel No: Email:

Signed: Date:

Alpha House 14 Alpha Road Birchington Kent CT7 9EQ
01843 842306 info@alphahousedentalpractice.co.uk alphahousedentalpractice.co.uk