

# LOVAT HOUSE DENTAL

SPECIALIST, IMPLANT & AESTHETIC CARE

## Patient Referral Form

Please post to: Lovat House Dental, 32 Christ Church Road, Cheltenham, GL50 2PL

For further information telephone: 01242 522 841 or email: reception@lovathousedental.co.uk

Referral for	Reason for Referral	
Mr Andrew Barber: Consultant in Restorative Dentistry. GDC Registered Specialist in Restorative Dentistry, Periodontics, Prosthodontics. Special Interest in Implantology/ Toothwear.	Toothwear	<input type="checkbox"/>
	Implants	<input type="checkbox"/>
	Fixed and Removable Prosthodontics	<input type="checkbox"/>
	Periodontics	<input type="checkbox"/>
	Occlusal problem	<input type="checkbox"/>
	Aesthetic problem	<input type="checkbox"/>

Is the referral urgent? Yes/ No

Date Of Referral: \_\_\_\_\_

This referral is for:

Advice Only

Requested treatment only

All necessary treatment

<b>Patient's Name:</b>		<b>DOB:</b>
<b>Address</b>		
<b>Patient Email:</b>		
<b>Telephone Number</b>	(Mobile)	(Landline)

Nature of Problem/teeth concerned (attach additional letter if desired):

Relevant Medical History:

Enclosures: Radiographs

Study Models

Photographs

Referring Dentist's Name:

Practice Name and Address:

Email:

Practice Phone Number or  
Dentist Mobile Number:

Thank you for your referral. Please post to the above address.