

LOVAT HOUSE DENTAL

SPECIALIST, IMPLANT & AESTHETIC CARE

Patient Referral Form

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

For further information telephone: 01242 522841 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"/>
Mr Greg Gerrard. Consultant and Specialist in Oral Surgery. GDC Registered Specialist in Oral Surgery.	Wisdom Tooth Removal	<input type="checkbox"/>
	Complex Oral Surgery	<input type="checkbox"/>

Is the referral urgent? Yes/ No

Date Of Referral: _____

This referral is for: Advice Only

Requested treatment only

All necessary treatment

Patient's Name:		Date of Birth:	
Address			
Patient Email:			
Telephone Number	(Mobile)	(Landline)	

Nature of problem/Teeth concerned /Treatment requested/ Diagnosis (attach additional letter if desired):

Relevant Medical History/ Allergies/ Medications:

Enclosures: Radiographs

Study Models

Photographs

Radiographs: To prevent unnecessary re-exposure to ionising radiation, please enclose any appropriate radiographs with your referral. Radiographs must be labelled with the patient name, DOB, date of exposure. Digital radiographs can be sent on CD or by secure email to reception@lovathousedental.co.uk

Other Information (Mobility or communication issues relevant)

Dentist's Name/Email:

Practice Address/Email: