



The Implant Experts, 3 Ashford Road, Maidstone, Kent ME14 5BJ

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IMPLANT REFERRAL FORM

Referral Date

Details of Dental Surgeon referring patient for Implant Placement

Name of Dental Surgeon

Practice Address

Telephone Fax

Email

Patient Details

*Compulsory fields

*Name Mr/Mrs/Miss/Ms.....

*Address

Postcode

*Telephone Home Mobile

*E-mail Address

*Date of Birth/...../.....

*Patient's Primary Concern

*Patient's Expected Outcome

Please complete the details as fully as possible

*Compulsory fields

*Would you like the Implantology Clinic to provide Prosthetic Care? Yes No

*Would you like to attend any stages of treatment and surgery? Yes No

Objectives of Implant Treatment for this case

- Single tooth replacement
- To retain fixed bridge
- To stabilise removable prothesis
- To retain complex full arch restoration

Please give details of any relevant information which may be of assistance

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It may not be possible to place implants in certain positions due to factors such as insufficient bone or proximity to nerve canals. Usually with these cases bone augmentation can be carried out in conjunction with implant surgery.

Every patient that you refer to our clinic will receive a pre-consultation information pack that will help your patient understand the nature of the proposed treatment and give them a broad idea of the anticipated costs. Once they have received this pack, they should telephone the clinic so that a suitable consultation appointment can be arranged.

Study Models and Radiographs

It would be most helpful if you could send any available information, such as models and radiographs to us in advance or with the patient for their consultation with us. We will ensure that they are returned to you.

If you have any queries then please do not hesitate to contact us:

Telephone 01622 751553