

PATIENT REFERRAL LETTER



Address: The Parade Specialist Dental Centre, 23 The Parade, Roath, Cardiff, CF24 3AB
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Name of referring dentist:

Address:

Post Code:

Phone no:

E-mail:

PATIENT INFORMATION

Title:

Surname:

First Name:

Address:

Postcode:

Phone no:

DOB:

Occupation:

SPECIALIST DENTIST THE PATIENT IS TO BE SEEN BY

Gareth Jenkins	Full Mouth restorative / implant surgeon
Adrian Binney	Periodontist / Implant surgeon
David Guppy	Endontist / Implant Surgeon
Mirko Barth	Orthodontist
Michael Page	General Dentistry / Implant surgeon
Hygienist	Hygiene Treatment only

REFERRED FOR

Opinion Only

Diagnosis & Planning

Complete Treatment

X - rays sent

X - ray required

RELEVANT MEDICAL HISTORY

PROBLEM