# New Patient Referral Form

SOUTH WALES ORAL SURGERY

**Referral for patient to see Dr Craig Mallorie**

## REFERER DETAILS:

DENTIST'S NAME: _____

DENTAL PRACTICE NAME: _____

PRACTICE ADDRESS: _____

BEST EMAIL CONTACT: _____

**PATIENT DETAILS:**

FULL NAME _____ DoB _____

CONTACT NUMBER(S) _____

EMAIL ADDRESS _____

**REFERRAL FOR (please tick all relevant):**

| | | | |
|---|---|---|---|
| Surgical extraction(s) | ☐ | Dental implants (surgery only) | ☐ |
| Soft Tissue grafting | ☐ | Dental implants (surgery and restorative) | ☐ |
| Bone augmentation | ☐ | Full arch implant rehabilitation | ☐ |
| IV sedation | ☐ | Implant-retained dentures | ☐ |

Teeth/Site: _____ | _____

Reason for referral:

Relevant Medical History: _____

Smoker? Yes / No Mentorship required to complete the implant restoration? ☐

Available Radiographs: Periapical ☐ OPG ☐ CBCT ☐
(Please send them with referral)

**Many thanks for your kind referral**

**Please either email form to; referrals@southwalesoralsurgery.com ticking below the preferred location(s) for patient to be seen**

**Or mail form to the practice where you would like the patient to be seen:**

- ☐ Glenhaven Dental Care, 129 Cardiff Road, Taff's Well, Cardiff, CF15 7PP
- ☐ Bamboo Dental, 28 Cowbridge Road West, Cardiff, CF5 5BS
- ☐ The Parade Specialist Dental Centre, 23 The Parde, Roath, CF24 3AB
- ☐ Bridge Dental Care, Llanover Buildings, Victoria Terrace, Newbridge, Newport, NP11 4EX.
- ☐ Woods Dental, 65 Walter Road, Swansea, SA1 4PT.