



New Patient Referral

REFERER DETAILS:

DENTIST'S NAME: _____ DATE OF REFERRAL: _____

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) | <input type="checkbox"/> | Dental implants (surgery only) | <input type="checkbox"/> |
| Soft Tissue grafting | <input type="checkbox"/> | Dental implants (surgery <u>and</u> restorative) | <input type="checkbox"/> |
| Bone augmentation | <input type="checkbox"/> | All-on-4 | <input type="checkbox"/> |
| IV sedation | <input type="checkbox"/> | Implant-retained dentures | <input type="checkbox"/> |
| Apicectomy | <input type="checkbox"/> | | |

Teeth/Site: _____

Reason for referral:

Relevant Medical History: _____

Smoker? Yes / No Mentorship desired to complete the implant restoration?

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

Please either email form to; referrals@southwalesoralsurgery.com ticking below the preferred location(s) you wish the patient to be seen. Or post 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
- Bridge Dental Care, Llanover Buildings, Victoria Terrace, Newbridge, Newport, NP11 4EX.
- Woods Dental, 65 Walter Road, Swansea, SA1 4PT.

Many thanks for your kind referral

For more info, or to submit an electronic referral, visit www.southwalesoralsurgery.com