



Dr. Najeeb Hussain

IMPLANT REFERRAL FORM



Morden Smiles

PRACTITIONER AND PRACTICE DETAILS:

Name of Practitioner

Practice Name

Address

Telephone

Email

PATIENT DETAILS:

Title

DOB

Name

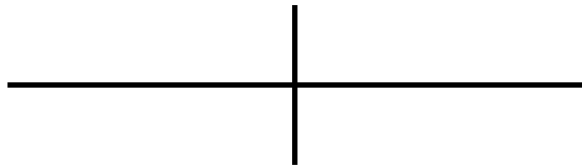
Address

Telephone

Email

MEDICAL HISTORY

TREATMENT REQUIRED (details):



REASON FOR REFERRAL:

- ☐ FULL MOUTH RECONSTRUCTION
- ☐ IMPLANT ASSESSMENT, PLACEMENT & RESTORATION
- ☐ IMPLANT PLACEMENT AND REFER BACK TO US FOR RESTORATION
- ☐ IMPLANT OPINION ONLY
- ☐ SINGLE TOOTH MISSING
- ☐ MULTIPLE TEETH MISSING
- ☐ TOTALLY EDENTULOUS JAW(S)

TYPES OF IMPLANT RETAINED RESTORATION EXPLAINED TO THE PATIENT

- ☐ FULL RESTORATIVE CASE INCLUDING PERIO AND IMPLANTS
- ☐ SINGLE TOOTH IMPLANT
- ☐ IMPLANT SUPPORTED BRIDGE
- ☐ PARTIAL OVERDENTURE
- ☐ FULL OVERDENTURE

☐ ADULT

☐ PAEDIATRIC

URGENT?

☐ YES

☐ NO

☐ TREATMENT PLAN AGREED WITH PATIENT

☐ APPROPRIATE RADIOGRAPHS ENCLOSED

Signed by Dentist:.....

Date:.....