



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:.....