



Stapenhill Dental Care

Stapenhill Dental Care, 6 St Peters Street, Stapenhill, Burton on Trent, DE15 9AW

Tel: 01283 567 437

Dentist Referral Form for Implant Dentistry and Oral Surgery

Referring Dentist Details

Full Name: Date of referral:

Address:

.....
.....

..... Post code:

Telephone: E-mail:

Patient Details

Patient's Name: Date of Birth:

Patient's Address:

.....
..... Post Code:

Home Tel: Work Tel:

Mobile Tel: E-mail:

<p>Referral Type:</p> <p><input type="checkbox"/> Implant assessment and advice</p> <p><input type="checkbox"/> Implant Surgical Placement Only</p> <p><input type="checkbox"/> Implant Surgical Placement & Restoration</p> <p><input type="checkbox"/> Implant Problems and Diagnosis</p> <p><input type="checkbox"/> Augmentation and Surgical Placement</p>	<p>Full Implant Assessment</p> <p>Your Patient's assessment visit will result in an individual plan and treatment letter for their treatment. The Consultation fee is £75 plus £9 per x-ray if required.</p> <p>Reason for referral:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Once completed referrals should be sent via the following methods:

E-mail: Stapenhilldentalcare@hotmail.com

Post: Referrals, Stapenhill Dental Care, 6 St Peters Street, Stapenhill, Burton on Trent, DE15 9AW.