



Lancashire Dental
General Dentistry, Implants & Orthodontics

Dental Implant Referral Form

please send to: treatment.coordinator@lancashiredental.co.uk

Referring Dentist Details

Name	
Practice name	
Practice address	
Post code	
Telephone	
Email	

Treatment Required

Implant placement only	<input type="checkbox"/>
Implant placement and restoration	<input type="checkbox"/>
Implant placement and assisted restoration	<input type="checkbox"/>

Patient Details

Title			
Full name			
Address			
Postcode			
Telephone		Date of birth	

Medical history			
Reason for referral			
Notes/comments			
Enclosures	OPT <input type="checkbox"/>	Intraorals <input type="checkbox"/>	Study models <input type="checkbox"/>

Many thanks for your kind referral