

Patient referral form

PATIENT DETAILS

Name _____
Date of Birth _____
Address _____
Postcode _____
Telephone _____
Email _____

REFERRING DENTIST DETAILS

Name _____
Address _____
Postcode _____
Telephone _____
Email _____

REASON FOR REFERRAL, RELEVANT MEDICAL HISTORY & ANY ADDITIONAL DETAILS

ENCLOSURES

Radiographs : PA BW OPG Casts

TOOTH NOTATION

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

BPE

ENDODONTICS

RCT Re-root treatment Apicectomy Hemisection Perforation Root resorption
Removal of fractured instrument

Please record any additional information in 'notes' overleaf

IMPLANTS

Single tooth Multiple teeth Tick if you will be carrying out the restorative phase

Please record any additional information in 'notes' overleaf

ORTHODONTICS

Clinical details

Class I Class II Div I Class II Div II Class III Spacing Crowding
Deep bite Anterior open bite Cross bite Habit Overjet: mm

Please record any additional information in 'notes' overleaf

PERIODONTICS

Periodontal treatment Crown lengthening procedure Mucogingival periodontal surgery
GTR periodontal surgery Aesthetic periodontal surgery

Please record any additional information in 'notes' overleaf

DENTAL HYGIENIST

Dental hygienist visit (assessment, treatment & report)

Tick if you would you like us to continue with the patient's OH maintenance Interval between visits: months _____

RADIOGRAPHY

Region of interest and purpose of examination *(must be completed)*

Scan / view required

DPT (OPG)

Cephalometric: Lateral Skull Digital Tracing? Analysis type:
Postero-anterior

Hand (*carpus exposure*)

Intraoral: Periapical Tooth / area: Parallax technique
Standard occlusal: upper arch Standard occlusal: lower arch

CBCT 3D Digital Panoramic: Upper Arch Lower Arch Sinus
(FOV 8cm X 5cm)

Patient to wear radiographic marker? Yes No

Format of CBCT scan: Dicom Jpeg Prints
SimPlant® View *(includes free viewing software)*
SICAT® View *(includes free viewing software)*
SimPlant® Planner SimPlant® Oneshot
Other format, please state:

Smilecare Referral Centre does not routinely report upon scans and radiographs. To comply with the IRMER 2000 regulations and current HPA Guidance, all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. We recommend that all CBCT and other radiographic examinations should be fully reported upon to rule out the possibility of coincidental pathology.

We offer a reporting service by a Consultant Radiologist and if you would like to use this service please tick this box

*For CBCT scans, the referring dentist is required to have a **service-level agreement** with us. Please contact us for a copy.*

NOTES

Please be assured that we will neither approach nor accept your patient for non-referral treatment


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referral centre

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