



**REFERRAL FORM**

To: Ringley Park Dental Practice

Date:.....

Please e-mail your completed form to [info@ringleypark.org](mailto:info@ringleypark.org)

**From Referring Dentist:**

Name..... Tel No..... E-Mail Address.....

Address.....

**Patient Details:**

Name..... Date of Birth .....

Address .....

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Tel Nos: (H).....(Mob)..... E-Mail Address.....

**Above patient to be seen by:**

Paul Barnes – Perio  Implants

Gao Jye Teh – Perio

Alan Knight – Endodontics

Sophie Marshall – Specialist Paediatric Dentist

Caroline Bromley – Snoring & Sleep Apnoea Screening, Orthodontics, Restorative

Simon Burgess – Restorative

Henk Freeke – Implants  Restorative

Khalid Hassan – General Dentistry  Zohaib Khwaja – Restorative  Drusilla O’Sullivan – General Dentistry

**TREATMENT REQUIRED**

Consultation Only  Consultation and Treatment  Implants Surgical Only  Surgical & Restorative

Relevant Medical History.....

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Reason for Referral.....

Tooth / Teeth 

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HPC/Dental History/Other Information.....

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All patients who have been referred to the practice will be returned back to you once treatment has been completed (unless otherwise requested). We will keep you informed at the beginning and end of treatment. If the patient has only been referred for assessment or treatment planning, a letter will be sent back as soon as possible.

Please feel free to contact the Practice at any time if you have any questions or queries, or if you would like to discuss any aspect of the treatment.

Signature of Referring Dentist..... Date.....

