Broadshires Implant & Aesthetics Dental Practice

Broadshires Implant & Aesthetics
45 Alvescot Road
Carterton
OX18 3JN
Tel. 01993 633491

Referral Form

Practice Details

Referring Practice: ……Date: ……

Practice Address: ……

……Tel: ……

Referring Dentist: ……

Email: ……

Patient details

Patient Name: ……Date of Birth: ……

Patient Address: ……

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Mobile: ……Tel Home: ……

Tel Work: ……Email: ……

Is this Referral urgent? ☐ Yes ☐ No

Referral Information (Please tick all relevant boxes)

Reasons for Referral
☐ Full mouth reconstruction
☐ Implant assessment, placement Restoration
☐ Implant placement and refer back for restoration
☐ Opinion only
☐ Single tooth missing
☐ Multiple teeth missing
☐ Totally edentulous jaw (s)

Types of implant retained restoration which have been explained to the patient
☐ Single tooth implant
☐ Partial overdenture
☐ Full restorative case including perio & implants
☐ Implant supported bridge
☐ Full overdenture

Is your request of implant placement only?
☐ Yes ☐No
Has the patient been made aware of the level of investment required?
☐ Yes ☐No

Affected area

☐ Upper ☐ Lower ☐ Both

BRIEF HISTORY (Comments about this referral)

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DIAGNOSTIC AIDS (Please tick all relevant boxes)

In order to minimise unnecessary exposure please indicate which radiographs you are sending with the referral

☐ OPG ☐ PA's ☐ Other Radiographs

Signature……. Date…….