



REFERRAL FORM

PLEASE FILL AND RETURN TO:

Lonwood House Dental - Implant & Referral Practice
150 Longwood Gardens, Ilford, Essex IG5 0BE

- Facial Aesthetics
- Treatment with IV/IS Sedation
- Treatment with GA
- Restorative Treatments
- Dental Implants
- OPG
- Oral/Surgical extraction
- TMJ/Headache/Snoring
- Periodontal
- Hygienist Referral
- Orthodontics: Clear braces / Invisalign ADULT
- Orthodontics: Clear braces / Invisalign CHILD
- Root Canal Treatment
 - Crown to be done by yourself
 - Crown to be done at Longwood House Dental Practice
- OTHER - Please explain below

We thank you for your referral. Following treatment, all patients will be referred to their own practitioner for continual care. If further assistance is required, please do not hesitate to contact us.

Referring Practitioner Details

Name:

Practice Address:

..... Postcode:

Telephone:

Patient Details

Name:

Date of Birth:

Telephone: Mobile:

Email:

Relevant medical history:.....

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Reason for Referral

- Patient Consultation & Treatment
- Patient Consultation Only

Please enclose a DTP if referring for periodontal disease/wisdom tooth extractions or recent x-ray for all other referrals if possible

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Practitioner's signature:..... Date: