Dr Alex Zarkadis BDS | BMedSci | MFDS RCS(Ed) | MSc
Dr Andreea Shavit DMD | MSc | PgCert | FDS | MCGDP
Dr Sara Rooney BDS

DARLINGTON DENTAL CLINIC

Referral Form

Please select at least one.

- ☐ Oral Surgery / Perio
- ☐ Sedation
- ☐ Implant
- ☐ Cosmetic Dentistry / Wear
- ☐ Orthodontics
- ☐ Smile Design
- ☐ Fillers / Botox

Consultation Appointment Details

If you wish, please send this referral form to the surgery, we will contact the patient in due course.

Patient Details

First Name

Last Name

Address

Postcode

Date of Birth

Tel. Home

Work / Mobile

Referring Dentist's Details

Date of Referral

Name of Dentist

Address

Postcode

Tel.

Referral Details

This patient is being referred for:

Implants			Conservation		
Perio Surgery			Extractions		
Cosmetic Dentistry					

Other (Please specify)

Please summarise the patient's symptoms

Please include specific problems / phobias which prevents you from treating this patient e.g. needle phobic, gagging, LA not working

Dental Implant may require further stabilisation of the remaining teeth and gums prior to implant:

- ☐ All treatment required by patients
- ☐ All implant treatment
- ☐ Implant surgery only

Radiographs attached: ☐ Yes ☐ No