SOLIHULL
DENTAL IMPLANT CENTRE

EXPERT DENTISTRY WITH EXCEPTIONAL DEVOTION

Department of Oral and Maxillo-Facial Surgery
Solihull Hospital, Lode Lane, Solihull, B91 2JL
Fax - 070 92 88 36 23 Tel - 0870 850 7703
info@solihulldentalimplantcentre.co.uk
www.solihulldentalimplantcentre.co.uk

IMPLANT REFERRAL FORM

practice details

Referring Practice: Date Referred:

Referring Dentist:

patient details

Patient's name: Email:

Patient's address:

Telephone numbers: Home: Work: Mobile:

Date of Birth: Is this referral urgent?: ☐ Yes ☐ No

reason for referral (please cross all relevant boxes)

- ☐ Placement of Implant(s) only
- ☐ Placement of Implant(s) and restoration(s)
- ☐ Totally edentulous jaw(s)
- ☐ Bone &/or Soft tissue grafting
- ☐ Failing Implants
- ☐ Combined Care / Mentoring
- ☐ Other

Details of Case

- ☐ Single tooth missing
- ☐ Multiple teeth missing
- ☐ Edentulous jaw(s)
- ☐ Failing Dentition
- ☐ Other

Has the patient been made aware of the level of investment that may be required yes ☐ no ☐

brief history / comments about this referral

investigations (please cross all relevant boxes)

☐ OPG ☐ PA's ☐ Other Radiographs ☐ Are these enclosed? ☐

Has the patient been informed of the cost of the consultation/treatment? ☐ Yes ☐ No

Has the patient been informed of the location of Solhull Dental Implant Centre? ☐ Yes ☐ No

We require addditional referral forms ☐