Name _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date of Birth _ _ _ _ _ _ _ _ _ Date of Referral _ _ _ _ _ _ _ _

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Dental Health *Spa*

Dental Hygiene Referral Services

"it's essential"

Patient Referral

Date _ _ _ _ _ _ _ _ _ _ _ _ _ _

Referring Dentist

Use Dental Stamp

Name _
Address _
_ _
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Postcode _ _ _ _ _ _ _ _ _ _ _ _ _ _
Telephone No. _
Email _
GDC No. _

Patient Details

Patient's Name _ Date of Birth _ _ _ _ _ _ _ _ _ _
Address _
Postcode _ _ _ _ _ _ _ _ _ _ _ _
Telephone No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Mobile No. _
Doctor's Address _
_ Postcode _ _ _ _ _ _ _ _ _ _ _ _

Treatment Plan: Criteria for Referral

Do you smoke? Yes / No [circle as appropriate]
If so, on average how many a day? _ _ _ _ _ _ _ _ _

BPE: Basic Periodontal Examination

Code

- 0 No bleeding on probing
- 1 Pockets < 4mm & bleeding on probing
- 2 Pockets < 4mm, BOP & plaque retentive factors
- 3 Pockets 4 & 5mm
- 4 Pockets at least 6mm
- * Pocket recession at least 7mm in total: furcation involvement

BPE

X-rays

Yes ☐ No ☐ X-rays with form

Specific Observations

_ _
_ _
_ _

Referral Options

Hygienist ☐ Treatment Planning with Periodontist ☐ Treatment Planning & Treatment ☐

Signed _ Date _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Complete the above form
Step 1. Phone to book appt: 01273 710831
Step 2. Fax form to: 01273 710820
Step 3. Post form to: Dental Health Spa
14-15 Queens Road
Brighton
BN1 3WA

Email: admin@dentalhealthspa.co.uk
Website: www.dentalhealthspa.co.uk