

Mike Barnett B.Ch.D., M.Sc.(Clinical Periodontology)

Park Avenue Dental Practice
15 Park Avenue
Redcar
TS10 3LA
T:01642 477000
(Tues, Thurs, Fri)

Berwick Hills Dental Practice
9 Norfolk Place
Middlesbrough
TS3 7PB
T:01642 226004
(Mon)

PLEASE TICK APPROPRIATE PRACTICE FOR REFERRAL

PATIENT INFORMATION

Title _____ Date of Birth _____
Surname _____ Telephone _____
First Names _____ Mobile _____
Address _____ Email _____

Postcode _____

REFERRING DENTIST INFORMATION

Name _____ Telephone _____
Practice _____ Mobile _____
Address _____ Email _____

Postcode _____

RELEVANT MEDICAL HISTORY

SMOKER yes no If yes, number of cigarettes per day _____

REASON FOR REFERRAL

- Periodontal Assessment & Treatment Bone Regeneration
 Root Coverage Crown Lengthening
 Advice Only Other (please specify) _____

BASIC PERIODONTAL EXAMINATION (BPE)

Date recorded _____

PLEASE ENCLOSE COPIES OF ALL RECENT RADIOGRAPHS. THESE WILL BE RETURNED AT THE END OF TREATMENT (DIGITAL COPIES ON DISC IF POSSIBLE). PLEASE ALSO INCLUDE ANY PERIODONTAL CHARTS.

REFERRING DENTIST SIGNATURE _____
PRINT NAME _____

Date ____ / ____ / 20 ____.