Hertfordshire
Centre For Dentistry

Thank you for your referral. Fill in the form below and either post or email it to us.
You can also refer online by visiting www.hc4d.co.uk/olr

1. COMPLAINT / TREATMENT REQUIRED

(Please tick one or more as appropriate)

- ⬡ Endodontics
- ⬡ Periodontics
- ⬡ Oral Surgery
- ⬡ Orthodontics
- ⬡ Implants
- ⬡ Restorative
- ⬡ Hygiene/Periodontal Maintenance

2. FULL DETAILS OF REQUESTED TREATMENT

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3. PATIENT DETAILS

Title:.....

Name:.....

D.O.B:..... Sex:.....

Address:.....

.....

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Tel No:.....

Mobile:.....

Email:.....

Preferred contact type & time:.....

4. PLEASE STATE WHAT HAS BEEN ENCLOSED

- ⬡ Medical history sheet
- ⬡ X-rays
- ⬡ Casts
- ⬡ Other: .....

5. MEDICAL HISTORY

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6. REFERRING DENTIST

Dentist Name:.....

GDC number:.....

Practice Name:.....

Address:.....

.....

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Tel No: .....

Mobile:.....

Email:.....

7. MAINTENANCE TREATMENT

Would you prefer us to provide maintenance treatment for your patients?

- ⬡ Yes
- ⬡ No

8. PERIODONTAL MAINTENANCE TREATMENT

Would you or your hygienist prefer to provide periodontal maintenance following treatment?

- ⬡ Yes
- ⬡ No

9. DO YOU REQUIRE MORE REFERRAL FORMS?

- ⬡ Yes
- ⬡ No

DATE OF REFERRAL:

REFERRING DENTIST SIGNATURE:

Hertfordshire Centre for Dentistry, 9-11b Leyton Road, Harpenden, Herts, AL5 2HU
T: 01582 764 931 E: reception@hc4d.co.uk W: www.hc4d.co.uk