



Huntingdon Dental Care
 3 Brampton Road
 Huntingdon
 Cambridgeshire
 PE29 3BQ

Tel: 01480 453215

nhsdental.huntingdon.huntingdondentalcarev07722@nhs.net

www.huntingdondentalcare.co.uk

Implant Referral Form

| | |
|-------------------|--|
| Date of referral: | |
|-------------------|--|

| | |
|--|--|
| Referring Dentist Name and Address: | |
|--|--|

| | | | |
|---------------|--|------|--|
| Patient Name: | | DOB: | |
| Address: | | | |

| | | |
|-------------|-------------|---------------|
| Home Phone: | Work Phone: | Mobile Phone: |
| | | |

| | | |
|----------------------------|---------------|---------------|
| Teeth/sites for treatment: | 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 |
| Please circle | 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 |

| | | |
|----------------------|------------|-----|
| Radiographs Included | Periapical | OPG |
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|--|--|
| General comments including relevant medical history: | |
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