

Please scan & email completed form to hello@tendental.com or post to Ten Dental, 10 The Pavement, London, SW4 0HY. You can also use our online referral form in the Dentist Area at www.tendental.com. For further assistance, call us on **020 7622 7610**

Referring Dentist Details

First Name Practice Address

Surname

Telephone

Mobile

Email Postcode

Patient Details

First Name Home Address

Surname

Telephone

Mobile

Email Postcode

D.O.B

Referral for

Please tick

Implants Restorative Dentistry Periodontics Children's Dentistry
 Endodontics Denture Service Orthodontics Oral Surgery

Reasons for referral/patient's complaint

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Teeth Please tick

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| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

X-ray to be returned? Yes No

Patient for consultation only

How would you like to be notified of the referred patient's progress?

Email Post Phone

Our referral charter

At the end of the specified treatment, we will return your patients back to you for their continued dental care. We have a strict policy of not taking on any patient who has been referred to us by another practice.

We will keep you informed at the beginning and the end of the treatment. If the patient has only been referred for assessment planning, a letter will be sent back to you as soon as possible.

Please feel free to contact the practice at any time if you have any questions or queries or if you would like to discuss any aspect of the treatment.

Signature of referring dentist

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Date

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