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| ten dental logo 2012 wg7.jpg | | | **Specialist Treatment Referral Form**  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  Surname  Telephone  Email | | | Practice Address  Postcode | |
| **Patient Details**  First Name  Surname  Telephone  Email  D.O.B | | | Home Address  Postcode | |
| **Referral for** Please Tick  Implants  Endodontics | Restorative Dentistry  Denture Service | Perodontics  Orthodontics | | Children’s Dentistry  Oral surgery |
| Reasons for referral/patient’s complaint | | | Teeth Please Tick  Screen shot 2013-12-23 at 13.29.35.png | |
| Yes No  X-ray to be returned?  Patient for consultation only | | | How would you like to be notified of the referral 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 Date | | | | |