



I,

<b>Referring Dentist:</b>	<b>Referring Practice:</b>
<b>Practice address:</b>	
	<b>Post Code:</b>
<b>Practice Phone No:</b>	<b>Date of referral:</b>

would like to refer my patient:

<b>Patient Name:</b>		<b>D.O.B:</b>
<b>Home No:</b>	<b>Work No:</b>	<b>Mobile No:</b>
<b>Email address:</b>		
<b>Address:</b>		
		<b>Post Code:</b>

to

	Please tick
<b>Dr Bruce Strickland BDS DipImpDent RCS (Eng) for implant treatment</b>	
<b>Dr Will McLean BSc(Hons) BDS PhD PGDip(Endodontology) for endodontic treatment</b>	
<b>Dr Alan Maxwell MSc BDS MGDS RCS (Edin) for periodontal treatment</b>	

**Proposed treatment plan and relevant dental history:**

**x-rays:** (periapicals):  
 (OPG): **Facility for taking OPG available in Care Dental**

**Study Models:**

**Diagnostic Wax-Up:**

**Please indicate if the patient is being referred for the surgical placement of implants only, or for all the implant treatment (diagnosis, treatment, planning, surgery, prosthetics and follow up).**

**Please send to:**  
**Care Dental, 34 Comrie Street, Crieff, Perthshire, PH7 4AX**  
**or email – referrals@care-dental.co.uk**