

The Binswood House Dental Practice

Patient:

Reason for Referral:

Date:



PERIODONTAL REFERRAL PRO-FORMA

Dr Hafeez Ahmed, Registered Specialist in Periodontics

Referring Practitioner & Address

Postcode:

Date

Phone

Patient Name & Address

Postcode:

DOB

/ /

Phone

Main Complaint/ Reason for Referral

Relevant Medical Details

Anxious: Yes/No

Clinical Details:

Problem Areas

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

Rads Enclosed? OPG

PA 's

Further Details

Please post or fax this form to us. Thank You for referral.

Dr Hafeez Ahmed BDS (Wales), Msc Periodontology. FDS RCS MRD, Mclin Dent, DGDG Registered Specialist in Periodontics

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