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Date _____

Patient Name _____

Date of Birth _____

Telephone _____

Referred by _____

Telephone _____

Address _____

Referral for:

- Implant surgery only
- Implant surgery & provisionalisation
- Implant surgery & definitive prosthesis
- Implant complication
- Missing teeth / hypodontia
- Trauma / extraction & site preservation
- Full mouth rehabilitation
- Management of attrition / erosion
- Removable prosthodontic

Objectives of Referral:

- Opinion only
- Management of specific condition
- Management and ongoing care

Clinical Notes:
