

Our policy is always to ensure patients are returned back to their referring dentist for continuation of treatment and their routine dental care.

Dentist Details

Name of Referring dentist

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Telephone

Email

.....

Address

.....

.....

Postcode

.....

Patient Details

Name of Patient

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Telephone

Mobile

Email

.....

Address

.....

.....

Postcode

Date of Birth

.....

Treatment Details

Please tick

- | | | |
|---|---|--|
| <input type="checkbox"/> Periodontics / Hygiene | <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Tooth Whitening |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Cosmetic Dentistry | |
| <input type="checkbox"/> Dental Implants / Oral Surgery | <input type="checkbox"/> Clear Braces (Invisalign™) | |

Relevant Medical Details

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Additional Information

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Dentists can now refer their patients immediately and simply using our online form or can download and print a copy whenever they require, just go to:

www.truedentistry.co.uk

If you wish True Dentistry to provide ongoing dental care to your patient please tick the box on the below.

- It is my preference that True Dentistry continue to treat the patient as named above.