



2 Green Dental Practice 2 Green Walk, Crayford, Kent, DA1 4JL
Hygiene Referral Form

REFERRED BY:

Name:

Address:

.....

Work Phone: Other Contact:

GDC No: Email Address:

Signature: Date:

PATIENT DETAILS:

Title: Name:

Date of Birth: Possibility of pregnancy: yes / no

Address:

.....

Home Phone: Work or Mobile Phone:

RELEVANT MEDICAL HISTORY

RADIOGRAPH/S NEEDED? (If not please attach a current diagnostic radiograph/s)

YES

NO

TYPE OF REFERRAL (please circle)

Periodontal Maintenance

Oral Health Instruction

Plaque/Bleeding/Pockets/Records

Root Surface Debridement

Adjunctive Antimicrobial Therapy

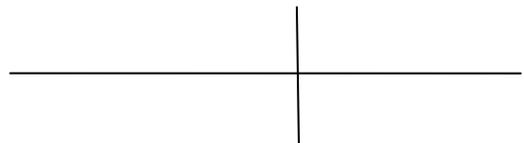
Other

SEDATION REQUIRED? (from £160) (please circle)

YES

NO

TEETH/QUADRANTS TO BE TREATED



HAS THE PATIENT BEEN MADE AWARE OF THE COSTS, RISKS, ALTERNATIVE TREATMENTS?

YES

NO

REST ASSURED 2 GREEN DENTAL WILL NOT APPROACH OR ACCEPT TREATMENT OTHER THAN THAT REQUESTED