



HARLEY STREET

DENTAL GROUP

Patient referral form

Referring practice details

Referring dentist name:

Practice name:

Address and post code:

Email:

Practice telephone number:

Mobile telephone number:

Which practice do you wish to refer to?

Harley Street

Kings Road

Devonshire Square

Have you referred to us before?

Yes

No

Patient details

Patient name:

Date of birth:

Address and post code:

Email:

Home telephone number:

Mobile telephone number:

Has the patient been given an indication of our fees?

Yes

No

Discipline required:

Implantology

Cosmetic Dentistry

Prosthodontics

Facial treatments

Periodontics

Endodontics

Orthodontics

Oral surgery

Digital radiography

IV sedation

Which specialist do you wish to refer to?

Is the required treatment urgent?

Yes

No

Further information / relevant history:

Would you like to be present during the consultation/treatment?

Yes

No

Would you like our specialist to contact you to discuss the case?

Yes

No

Enclosures:

Xrays

Models

Photographs

Harley Street Dental Group employ a strict policy of always returning patients to our referring dental colleagues after the referral treatment.

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