

REFERRAL FORM



BRISTOL DENTAL
SPECIALISTS

REFERRING DENTIST DETAILS

Practice name:

Practice telephone:

Practice email:

Practice address:

Referring Dentist name: Date of referral:

Dentist telephone: Dentist email:

Keep me updated by: Phone Email Post Please send more: Referral Forms Freepost Envelopes

PATIENT DETAILS

Title: Full Name: Gender:

Address:

Postcode:

Date of birth:

Home telephone: Mobile telephone:

Email:

How would your patient like to be contacted?: Phone Email Post

Please give any relevant dental or medical history:

(Please enclose any relevant radiographs. We will return them to you) DPT Intra-oral Other

Reason for referral: Orthodontics Oral Surgery Endodontics Prosthodontics Restorative Dentistry

Dental Trauma Radiographic reporting Radiographs/CBCT scans Periodontics Dental Implants Paediatric Dentistry

I would like my patient to be treated by (see details overleaf):

Reason for referral, any additional information and justification if referring for a radiograph:

Signature of referring dentist:

This confidential form provides us with the information we require to receive a patient referral. The information contained within this form should be true and accurate to the best of your knowledge and with the patient's knowledge and consent. We will then store and process this information in accordance with our Privacy policy, a copy of which can be found on our website at: www.bristoldentalspecialists.com/pages/data-protection-privacy-notice



THANK YOU FOR YOUR REFERRAL

Please send any referrals either via email to info@bristoldentalspecialists.com or via post to 24 Berkeley Square, Bristol BS8 1HP

0117 450 6666 | www.bristoldentalspecialists.com



BRISTOL DENTAL
SPECIALISTS

THE BRISTOL DENTAL SPECIALISTS TEAM AND SERVICES

Dental Implant Referrals:

Adrian Watts

Endodontic Referrals:

Mohamed Elnaklewy

Oral Surgery Referrals:

Eithne Fyfe
Bosun Hong

RA/IV Sedation Referrals:

Bosun Hong

Orthodontic Referrals:

Ben Cross
Claudia Richard
Darren Hills

Paediatric Referrals & RA

Sedation:

Rebecca John

**General Dentistry (Special
Interest in Facial Aesthetics and
Composite Bonding):**

Sherry Mowla
Kareem Mohamed

**Periodontic / Complete Denture
Referrals:**

James Ban

Radiographic Reporting

JM Radiology:

Rebecca Davies

You can also refer patients to us for Dental Trauma, Radiographs and/or CBCT scans.

REFERRAL CHARTER

At all times, we will do our utmost to ensure that your patient receives the best specialist dental treatment and care.

We promise to treat your patient with respect throughout their journey at Bristol Dental Specialists.

We will respect at all times, the patient's personal preferences and will never discriminate for age, gender reassignment, marital status, pregnancy, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation.

We will provide you with convenient options to refer patients and do our best to ensure that patient data is always stored safely and securely in accordance with relevant laws and guidelines.

We will keep you informed of any other required general treatment throughout your patients' journey so they can arrange an appointment directly with you.

We will not actively solicit the business of any referral patient beyond the scope of the referral work itself. In the rare case that a referral patient requests ongoing dental services from us, we will advise them to discuss the matter with you first and we will contact you to inform you of their request.

We will do all we can to help strengthen the professional relationship you have with your patient including highlighting the fact that we work in partnership with you and that you remain fully informed at all times.

Darren Eithne Ben Adrian Josh

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