



Dawn Everitt
Dental Hygiene Therapist RDH

"Treating your patient as one would wish their friends and family to be treated"

Dawn.



Dental Hygiene Patient Referral Form

Referral Guidelines

1. During the treatment patients are always reminded to continue to see their own general dental practitioner for regular routine examinations and any necessary treatment.

Referring Dentists Details

Dentists Name: _____ Date of Referral: _____
Practice: _____ E-Mail Address: _____
Address: _____ Phone No: _____

Patients Details

Patients Name: _____
Address: _____
Date of Birth: _____
Contact Numbers: _____
E-Mail Address: _____
Medical History: _____
Reason for referral: _____
Previous Investigations: _____
Other relevant information: _____

Diagnosis: _____

Prescription: _____

Prescription for LA _____

Service Required: Scale and Polish Indices Oral Hygiene Instruction Root Surface Debridement
 Fissure Sealants Restorative Deciduous Extractions Fluoride Application

Dentist Signature _____

Please send this form to the contact details below

Thank you for your referral



Rock House Dental Practice, The Rock, Tettenhall, Wolverhampton, WV6 8QB
info@rockdental.co.uk 01902 751 618

