



Dr Dave Dehal

"Providing the patient with the smile they desire. Improving confidence, appearance and well-being through the gift of straight white teeth."

Dave.



Patient Referral Form for Orthodontic Treatment

Referral Guidelines

1. Once a patient has been referred we will contact the patient directly to arrange a consultation. Following the consultation, a full written report will be sent to you and the patient.
2. During the treatment patients are always reminded to continue to see their own general dental practitioner for regular routine examinations and any necessary treatment. The patient will be returned to the referring practitioner for continuation of regular dental care.
3. Please send any relevant radiographs either electronically to info@rockdental.co.uk or by post to the address below. These will be returned to you.
4. Consultation fees are £55. Fees for treatment are discussed with the patient on a case by case basis.

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: _____

 Service Required: Opinion Only Private Orthodontics
 Dentists 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

