



Fahd Saleh

BDS, MFGDP, MJDF RCSEng, DipConSed, DipMan,
Dip RD RCSEng, MClintDent, M(Perio) RCSEdin

Specialist Periodontist

Periodontal Referral Form

Patient Details

First Name..... Surname.....Mr./Mrs./Miss/Ms

Date Of Birth..... /..... /.....

Address.....

.....

.....

..... Postcode.....

Preferred Tel Nos (Home).....Work.....

(Mobile).....

Email address

Details of Dental Surgeon or Hygienist referring the patient

Referral From: Name.....

Practice Address:

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Signature.....Date.....

Clinical details and previous periodontal treatment history (brief description)

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Diagnosis

Recession.....	<input type="checkbox"/>
Chronic Periodontitis.....	<input type="checkbox"/>
Aggressive Periodontitis.....	<input type="checkbox"/>
Peri-implantitis.....	<input type="checkbox"/>
Gingival overgrowth.....	<input type="checkbox"/>
Other (please specify).....	

Referral For

Assessment and Advice.....	<input type="checkbox"/>
Periodontal management.....	<input type="checkbox"/>
Implant based replacement of teeth.....	<input type="checkbox"/>
Other (please specify).....	

Level of involvement with Fahd Saleh

(Please indicate the nature of treatment you would like to provide for this patient if indicated in the treatment plan.)

Hygiene maintenance.....	<input type="checkbox"/>	Extractions.....	<input type="checkbox"/>
Crowns and Bridgework.....	<input type="checkbox"/>	Implant placement.....	<input type="checkbox"/>
Resin retained bridgework.....	<input type="checkbox"/>	Implant restoration.....	<input type="checkbox"/>
Partial dentures.....	<input type="checkbox"/>	Orthodontics.....	<input type="checkbox"/>
Endodontics.....	<input type="checkbox"/>		

Every patient that you refer to our practice will receive a pre consultation information pack that will help your patient understand the nature of the proposed treatment and give them a broad idea of anticipated costs. Once they have received this pack, they should telephone the practice so that a suitable consultation appointment can be arranged.

Study Models and Radiographs

It would be most helpful if you could send any models, radiographs and available information to us in advance, or with the patient for their consultation with us. We will ensure they are returned to you.