

The Terrace Dental Centre Patient Referral Form

Post to: The Terrace Dental Centre, 123 High Street, Newmarket, Suffolk, CB8 9AE
Or Fax to: 01638 669 649

For further information telephone: 01638 669 487 or email: referrals@terracedental.com



Is the referral urgent? Yes No

Date of Referral: ___ / ___ / ___

Referral for:

- Andrew Barber Consultant in Restorative Dentistry.
GDC Registered Specialist in Restorative Dentistry, Periodontics, Prosthodontics and Endodontics.
Special Interest in Implantology, Toothwear.
- Sonal Patel Special Interest in Implantology, Toothwear, TMD/TMJ/Acupuncture and Restorative Dentistry.
- Olaf Neumann Special Interest in Endodontics.
- Shemma Abulhoul Special Interest in Oral Surgery, Invisalign and General Treatment under IV Sedation.
- This referral is for:* Advice only Requested treatment only All necessary treatment

Patients Details:

Patient name:		
Date of birth:		
Address and postcode:		
Email:		
Telephone number:	(Mobile)	(Home/Work)

Reason for referral:

- Implantology
- Periodontics
- Prosthodontics
- Endodontics
- Tooth Wear
- Oral Surgery
- Invisalign
- Dental Acupuncture
- TMD/TMJ
- IV Sedation
- 3D Cone Beam CT Scan or OPG

Nature of problem / teeth concerned (attach additional letter if desired):

Relevant medical history:

X-rays Study Models Photographs
Please tick if attached. (Please provide relevant radiographs if possible)

BPE Score (if applicable)

Referring Dentist's Details:

Referring dentist's name:	
Practice name and address:	
Email:	
Practice phone number or Dentist mobile number:	

Thank you for your referral. Please fax or post your referral to the address above.