QUEENSWAY

DENTAL PRACTICE

Dental Implants

PRIVATE DENTAL IMPLANT REFERRAL FORM

Dr Ian Lane BDS (Hons) MFGDP, Dip SED, MSc Implant Dentistry
Dr Paul Averley BDS, DGDP (UK) RCS, Dip SED, MPhil, PhD, MSc Implant Dentistry

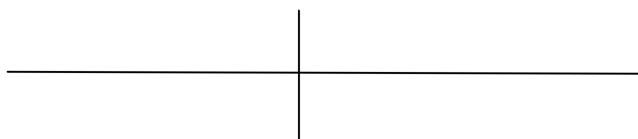
A referral based dental implant clinic offering a full range of surgical and restorative implant dentistry. All dental implants will be carried out by experienced MSc-implant qualified dentists with or without a Consultant Maxillo-Facial surgeon dependant on case type. Every effort will be made to keep referring dentists informed of all implant stages. Patients will be returned to your continuing care.

PATIENT DETAILS

Name:	DOB:
Address:	Work Tel (W): Home Tel (H) : Mobile Tel (M): Email (E):
Please indicate patients preferred method of contact : W ☐ H ☐ M ☐ E ☐	

REFERRAL REQUEST

Treatment required:



OTHER TREATMENT Please tick below as appropriate

☐ Please carry out any treatment necessary prior to implant placement

☐ Please refer back to our practice for restorative treatment prior to implant treatment

OTHER INFORMATION/MEDICAL CONDITIONS

REFERRING DENTIST DETAILS

Name:	
Address:	Telephone Email;
Signed:	**Date:**

Address: 170 Queensway, Billingham, Teesside, TS23 2NT
T: 01642 554667 F: 01642 531799 E: dental@queensway.co.uk W: www.queensway.co.uk

For additional copies of this referral form please refer to our website