

# REFERRAL FORM



## REFERRING DENTIST DETAILS

Practice name: .....

Practice telephone: .....

Practice email: .....

Practice address: .....

Referring Dentist name: ..... Date of referral: .....

Dentist telephone: ..... Dentist email: .....

Keep me updated by: Phone  Email  Post  Please send more: Referral Forms  Freepost Envelopes

## PATIENT DETAILS

Title: ..... Full Name: ..... Gender: .....

Address: .....

Postcode: .....

Date of birth: .....

Home telephone: ..... Mobile telephone: .....

Email: .....

How would your patient like to be contacted?: Phone  Email  Post

Please give any relevant dental or medical history: .....

(Please enclose any relevant radiographs. We will return them to you) DPT  Intra-oral  Other

Reason for referral: Orthodontics  Oral Surgery  Endodontics  Prosthodontics  Restorative Dentistry

Dental Trauma  Radiographic reporting  Radiographs/CBCT scans  Periodontics  Dental Implants  Paediatric Dentistry

I would like my patient to be treated by (see details overleaf): .....

Reason for referral, any additional information and justification if referring for a radiograph: .....

Signature of referring dentist: .....

This confidential form provides us with the information we require to receive a patient referral. The information contained within this form should be true and accurate to the best of your knowledge and with the patient's knowledge and consent. We will then store and process this information in accordance with our Privacy policy, a copy of which can be found on our website at: [www.bristoldentalspecialists.com/pages/data-protection-privacy-notice](http://www.bristoldentalspecialists.com/pages/data-protection-privacy-notice)



THANK YOU FOR YOUR REFERRAL

Please send any referrals either via email to [info@bristoldentalspecialists.com](mailto:info@bristoldentalspecialists.com) or via post to 24 Berkeley Square, Bristol BS8 1HP

0117 450 6666 | [www.bristoldentalspecialists.com](http://www.bristoldentalspecialists.com)



BRISTOL DENTAL  
SPECIALISTS

## THE BRISTOL DENTAL SPECIALISTS TEAM AND SERVICES

**Paediatric Dentistry:**

Rebecca John

**Periodontics:**

James Ban

**Prosthodontics:**

Rachel Tabor

**Endodontics and  
Dental Trauma**

Lyndon Meehan

**Oral Surgery:**

Eithne Fyfe

**Restorative Dentistry  
and Dental Implants**

Adrian Watts

**Orthodontics:**

Darren Hills

Ben Cross

Bethan Lewis

**Dental and Maxillofacial**

**Radiology (reporting):**

Rebecca Davies

You can also refer patients to us for **Dental Trauma, Radiographs** and/or **CBCT scans**.

## REFERRAL CHARTER

At all times, we will do our utmost to ensure that your patient receives the best specialist dental treatment and care.

We promise to treat your patient with respect throughout their journey at Bristol Dental Specialists.

We will respect at all times, the patient's personal preferences and will never discriminate for age, gender reassignment, marital status, pregnancy, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation.

We will provide you with convenient options to refer patients and do our best to ensure that patient data is always stored safely and securely in accordance with relevant laws and guidelines.

We will keep you informed of any other required general treatment throughout your patients' journey so they can arrange an appointment directly with you.

We will not actively solicit the business of any referral patient beyond the scope of the referral work itself. In the rare case that a referral patient requests ongoing dental services from us, we will advise them to discuss the matter with you first and we will contact you to inform you of their request.

We will do all we can to help strengthen the professional relationship you have with your patient including highlighting the fact that we work in partnership with you and that you remain fully informed at all times.

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