



MULTIDISCIPLINARY REFERRAL FORM

CONFIDENT
DENTAL & IMPLANT
HEALTH | FUNCTION | AESTHETICS™



1. Dental Implants Dr Colin Neil BDS, MFDS RCS, MSc (Implant Dentistry), DipDentSed, MSurgDent RCS (GDC=83459); **2. Specialist Orthodontist** Dr Vasileios Charalampakis DDS, MSc (GDC=263777); **3. Specialist Paedodontist** Dr Monica Neil BDS, MFDS RCS, MSc (Paediatric Dentistry), MPaedDent RCS (GDC=82405); **4. Specialist Endodontist** Dr Armineh Arzandeh DDS, MSc, MClinDent (Endodontology), MRD (Endodontics) (GDC=110019); **5. Specialist Periodontist** Dr Manuel Carbajal BDS, MClinDent (Perio), MRD (Periodontics) (GDC 194672) **6. Specialist Prosthodontist** Dr Musaab Siddiqui BDS, PGCME, MFDS RCSEd, MClinDent Pros, MPros RCSEd, MFDT RCSEd (GDC No: 254930); **7. Specialist Oral Surgeon** Dr Liliana Ruzzene BDS, M. Dent (MFOS), FFD (MFOS) (GDC No: 70039); **8. Dental Sedation** (all aspects of dentistry); **9. Imaging: CBCT/panoral/.STL (please circle your referral option: 1 to 9)**

Which of our clinics would your patient prefer us to see them at? Stroud Cleavelands, Bishop's Cleeve

Patient Details Title _____ Name _____ D.O.B. _____
Address _____
_____ Postcode _____ Email _____
Home 'phone. _____ Mobile 'phone _____

Referring Dentist Name _____ **GDC** _____
Address _____
Postcode _____ 'Phone _____ Signature _____ Date of referral _____
Email (so that we can correspond with you directly about the case) _____

1./2./3./4./5./6./7./8. Referral details/presenting complaint

Treatment required _____

Or please tick from regularly requested options below:
 Consultation/advice/diagnose problem only
 Implant surgical placement and restoration
 Implant surgery only (return for implant restoration after review)
 Implant site bone/sinus grafting only
 Comprehensive orthodontics and return in retention
 Endodontic treatment and temporise/core (return for final restoration)

9. CBCT **Panoral** **.STL** (please tick)
Please specify region of interest with justification for exposure according to the latest versions of guidance:- 2D examinations: FDGP and RCR selection criteria for dental radiography 2000; CBCT examinations: SEDENTEXCT provisional guidelines V1.1 May 2009, Chapter 4.

CBCT Field of view: whole maxillary sinuses/whole maxilla/whole mandible/ OR specific tooth (5x5cm) _____ (please specify)
Patient to wear radio-opaque guide? YES/NO (please circle)
Preferred format for data: CD / email link (please circle)

Confident Dental & Implant Clinics will not provide a report for your requested radiographs and CBCT scans unless you request this. To comply with the IR(ME)R 2000 regulations, all radiographs and CBCT scans are required to be justified and reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. Confident Dental & Implant Clinics strongly recommends that all CBCT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Confident Dental & Implant Clinics offer referring dentists a reporting service by a Consultant Oral & Maxillofacial Radiologist for an additional fee of £90.00 (PLEASE TICK OPTION BELOW IF REQUIRED):
 You would like this patient's radiographic examination to be reported upon by a Consultant Oral & Maxillofacial Radiologist to be arranged by Confident Dental & Implant Clinics. You are aware that this report will be sent to you separately. OR
 You are competent to interpret and report your own CBCT images / you will make your own reporting arrangements.