

## Oral Surgery & Dental Implant Referral Form

Please complete the form and post it to Mr Omar Shadid,  
Dental Suite, Stantonbury, Milton Keynes  
MK14 6BL, Tel. 01908-221800

**Referring Dentist's Details:**

Name:
Practice:
Address:
Postcode:
phone:
Fax:
Mobile:
E-mail:

**Patient's Details:**

Name:
D.O.B:
Address:
Postcode:
phone:
Mobile:
E-mail:
GP Address:

**Reason for Referral:**

**Surgical Dentistry**

- Surgical removal of teeth
- Surgical Removal of impacted teeth
- Apicectomy
- Exposure of impacted teeth prior orthodontic treatment
- Soft tissue lesions (e.g. mucoceles, fibro-epithelial polyps, haemangiomas ... etc.)
- Fraenectomy (i.e. superior labial fraenectomy, tongue tie release)
- Other (please specify)  
.....

**Implant Dentistry**

- Dental Implant Consultation
- Implant Surgical Placement Only
- Implant Surgical Placement & Restoration
- Tooth Removal & Socket Preservation
- Maxillary Sinus Lift
- Ridge Augmentation/ bone grafting
- Soft Tissue Grafting

**Sedation**

- Conscious Intravenous Sedation

**Brief History & Relevant Clinical Details:**

**Medical & Drug History:**

**Radiograph Enclosed?**

Yes     No

- OPG/DPT     Periapical     Other (please specify):

**Dentist's Signature:**

**Date:**