Mark Howdle
SPECIALIST IN PERIODONTICS

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PRACTICES DEVOTED TO:
PERIODONTICS, IMPLANT AND AESTHETIC DENTISTRY

MANCHESTER
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WA15 9NA
Tel 0161 929 8101

CHESTER
5 York Street,
Chester,
CH1 3LR
Tel 01244 343 353

STOKE
587 Eturia Road,
Basford, Stoke-on-Trent,
ST4 6HL
Tel 01782 614 905

IMPLANT AND PERIODONTAL REFERRAL

REFERRING DENTIST

Name
Address
Post Code
Date
Telephone
Fax
Email

PATIENT

Name
Address
Post Code
Home Phone
Work Phone
Mobile
D.O.B.

TYPE OF REFERRAL (PLEASE TICK)

- ○ Patient new to your practice
- ○ Regular attender

FULL PERIO CASE ASSESSMENT

The patient is experiencing;

- ○ Pain
- ○ Swelling
- ○ Bleeding
- ○ Bad Taste
- ○ Recurrent Abcesses
- ○ Tooth Mobility

Please specify particular problem areas;

ISOLATED PERIO PROCEDURE

Please specify; crown lengthening, guided tissue/bone regeneration, mucogingival recession, implantology;

IMPLANTS

- ○ Implant Placement Only
- ○ Implant Placement and Restoration

Please specify; details of the problem;

Relevant Medical History

Please include any radiographs and models which may help in evaluating the patient. We will return them to you after use.