Dr Steve Conteh

IMPLANT & COSMETIC DENTISTRY · BDS (Hons) MSc · GDC 251055

Clinician Referral Form

Refer online at drsteveconteh.co.uk/for-dentists
or email this form to assiststeve7@gmail.com

REFERRING CLINICIAN

Name ..... Practice .....

Email ..... Telephone .....

PATIENT DETAILS

Title ..... First name ..... Last name .....

Telephone ..... Date of birth .....

Email ..... Postcode .....

Address .....

NATURE OF REFERRAL

please mark all that apply

- ◯ Implant assessment
- ◯ Bone graft / sinus augmentation
- ◯ Complex restorative / worn dentition
- ◯ Second opinion
- ◯ Implant placement
- ◯ Full-arch rehabilitation
- ◯ Aesthetic / smile makeover
- ◯ Other (specify below)

Care to be retained by referring clinician: ◯ None (full care) ◯ Restorative phase ◯ Surgical phase only

RELEVANT MEDICAL HISTORY

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ADDITIONAL INFORMATION

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IMAGING

Radiographs / CBCT available? ◯ Yes ◯ No

Please do not email imaging with this form. A secure transfer route will be arranged on receipt of the referral.

Your patient comes back to you. Referred patients are returned to your care for all ongoing general and preventive treatment, with a full written account of everything done.