

Hygienist Referral Form to see Julie Pardoe RDH or Valerie Cope RDH

Surname of Patient First Name DOB

Address Postcode

Telephone Number Alternative Telephone Number

Name of Dentist Name of Practice

Surgery Address Telephone Number

Any relevant Medical history

Please provide relevant X-Rays for the patient to bring with them. These will be returned to the patient .

New Patient Referral :- Level 1, Level 2 or Level 3 (circle Level required).

Level 1: Short Appointment (30 minutes @£53.50)

- Discussion about any symptoms and causes for concern
- Review of medical history
- Soft tissue check
- B.P.E (Basic Periodontal Examination)
- Oral health guidance
- Scale and a polish, if appropriate
- Arrange further appointments with the patient as necessary.

Level 2: Long Appointment (40 minutes @£72)

- Discussion about any symptoms and causes for concern
- Review of medical history
- Soft tissue check
- Full periodontal Charting of pockets (inc . Bleeding Mobility etc)
- Oral health guidance
- Initial non-surgical therapy
- Arrange further appointments with the patient as necessary.

Use Local Anaesthetic and high level fluoride toothpaste and varnish if needed.

Prescription requirements: LA required Dosage Frequency

Level 3: Supportive periodontal therapy for a period of 1 yr 2yrs 3yrs (Circle period required).

If you have any need to confer please do not hesitate contact us .

I wish to see the patient after initial therapy at 6 weeks 3 months 6 months 1yr

Please refer the patient for treatment by Poundbury Dental Practice by signing below .

Signature of Dentist..... Name Date

Please note. Referral patients will be asked to pay in advance for their appointments. Please be aware of this/make sure patient is made aware of this to avoid any embarrassment.