

# Patient Referral Form

## Periodontal

With Dr Stamatios Kioufis DipDs PGDip (Perio)  
Dentist With Special Interest in Periodontology

# THE VALLANCE DENTAL CENTRE

<b>Practitioner Name</b>	<b>Patient Name</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Practice Name &amp; Address</b>	<b>Patient DOB</b>
	<b>Patient Contact Number</b>
<b>Practice Contact Number</b>	<b>Patient Contact Email</b>
<b>Practice Contact Email</b>	<b>Permission to contact patient by</b> <input type="checkbox"/> Email <input type="checkbox"/> Phone
<b>Diagnosis</b>	<b>Medical History</b>
<b>Treatment Carried Out So Far</b>	<b>Radiographs Attached</b> (Please send all available) <input type="checkbox"/> Periapical <input type="checkbox"/> OPG

**Procedure Requested**

Consultation Only

Initial Therapy  
(Comprehensive consultation plus 2 sessions of non surgical periodontal therapy)

Surgical Periodontal Treatment

**Tooth / Teeth Requiring Treatment**

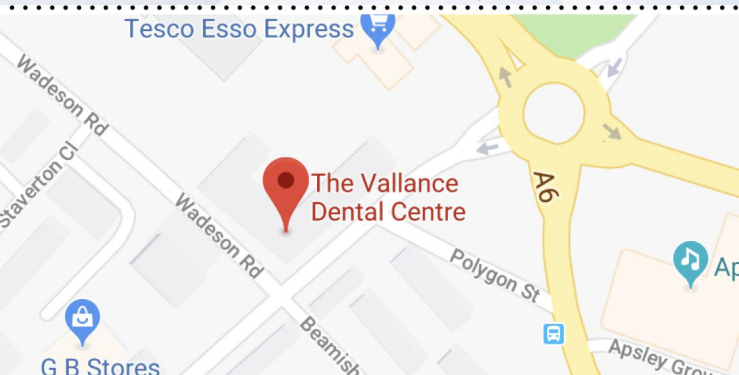
Full mouth

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If extractions are required to stabilise periodontal health**

Please refer back to me  Please carry this out on a private basis

Please Tear/Cut and give the lower half to the patient. Please scan the above and send by email to [reception@vallancedentalcentre.com](mailto:reception@vallancedentalcentre.com)  
Forms available to download for printing at [www.vallancedentalcentre.com/referrals](http://www.vallancedentalcentre.com/referrals)



**You have been referred for your periodontal treatment to :**

Vallance Dental Centre  
Wadeson Road  
Manchester  
M13 9UJ

You can find us on the 1st floor of the Vallance Health Centre

[www.vallancedentalcentre.com](http://www.vallancedentalcentre.com)

[reception@vallancedentalcentre.com](mailto:reception@vallancedentalcentre.com)

0161 273 5998