

# Patient Referral Form

Dental Implants & Restorative

With Mr Arfeen Aslam

Dentist With Special Interest in Dental Implants & Restorative Dentistry

THE VALLANCE  
DENTAL CENTRE

Practitioner Name	Patient Name <input type="checkbox"/> M <input type="checkbox"/> F
Practice Name & Address	Patient DOB
	Patient Contact Number
Practice Contact Number	Patient Contact Email
Practice Contact Email	Permission to contact patient by <input type="checkbox"/> Email <input type="checkbox"/> Phone
Current Denture	Medical History
The patient is currently dentally healthy and has had a recent dental examination <input type="checkbox"/> Yes <input type="checkbox"/> No (Detail below)	Radiographs Attached (Please send all available) <input type="checkbox"/> Periapical <input type="checkbox"/> OPG

Procedure Requested

☐ Dental Implant - Single

☐ Dental Implant - Bridge

☐ Implant Retained Denture

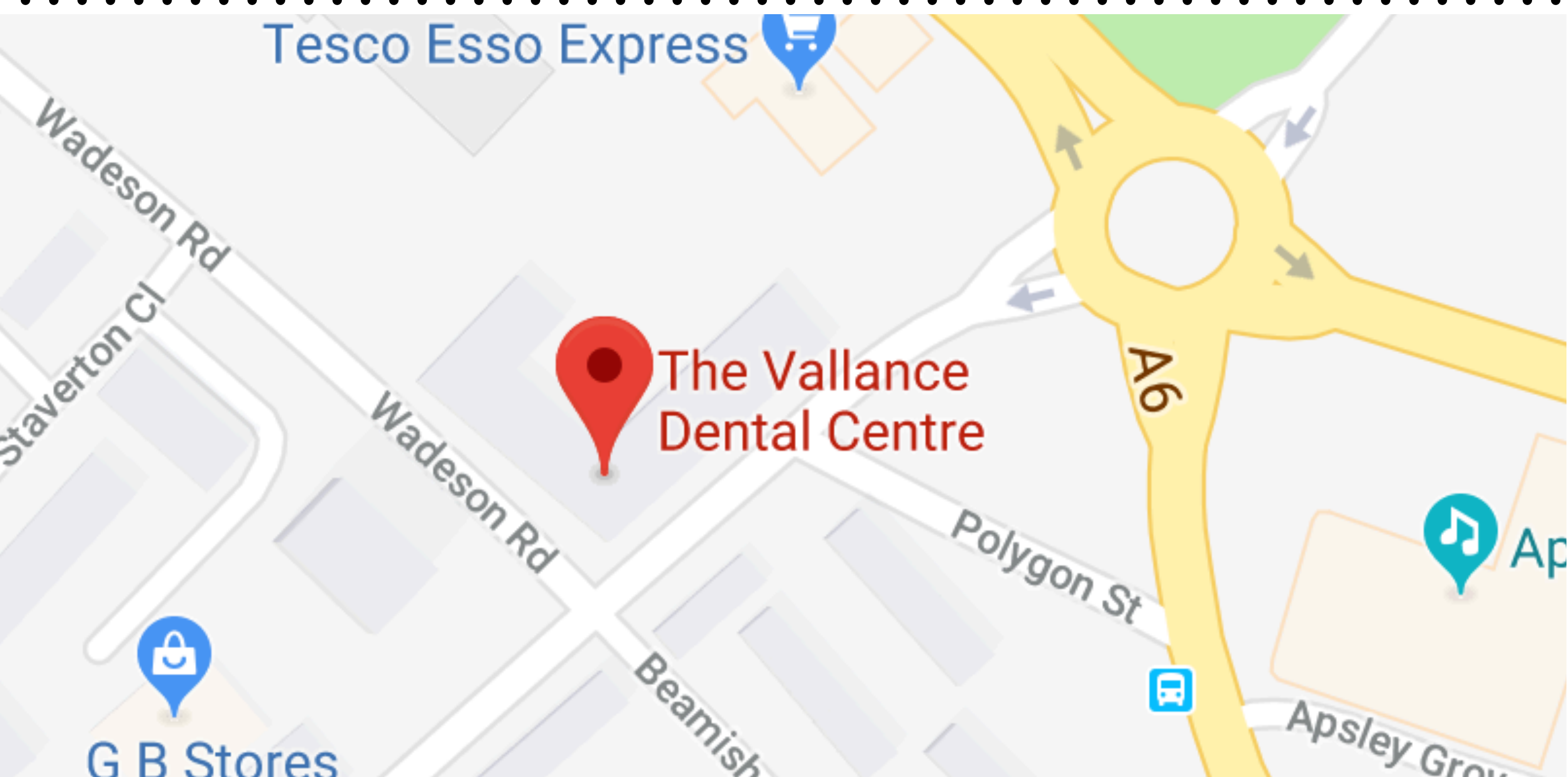
☐ Cosmetic Dentistry

Tooth / Teeth To Be replaced ☐ Full Upper ☐ Full Lower

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"/>
<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

Further Details on Treatment Requested

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 dentures 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