



Referral Proforma: 1. Dental Implants 2. Oral surgery/IV sedation and 3. Dental Imaging cone beam CBCT/digital panoramic DPT (please circle service required)



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Patient Details Title _____ Name _____ D.O.B. _____
 Address _____
 _____ Postcode _____ Email _____
 Home 'phone. _____ Mobile 'phone _____

Referring Dentist Name _____ GDC _____
 Address _____
 Postcode _____ Email _____ 'Phone _____
 Fax _____ Signature _____ Date of referral _____

1. Implant referral details/presenting complaint _____

 Implant consultation/advice/diagnose problem only
 Implant surgical placement only
 Implant site bone/sinus grafting only
 Implant site bone/sinus grafting & implant placement
 Implant surgical placement and restoration (please tick)

**2. Oral surgery/IV sedation referral details/
presenting complaint/** _____

3. CBCT OR Digital Panoramic (please tick)
 Please specify region of interest with justification for exposure according to the latest versions of guidance:
 - 2D examinations: FDGP and RCR selection criteria for dental radiography 2000,
 - CBCT examinations: SEDENTEXCT provisional guidelines V1.1 May 2009, Chapter 4.

 CBCT Field of view: whole maxillary sinuses/whole maxilla/whole mandible/specific tooth(5x5cm) _____
 Patient to wear radio-opaque guide? YES/NO

PAYMENT for CBCT: Account to referring dentist OR Patient to pay Confident Dental Care & Implant Centre (please circle)

Please circle CBCT format for data delivery: DICOM with Ewoo viewer software via CD / DICOM with Ewoo viewer software on FTP link / Siplant Viewer / Nobel Guide to be used.

Please send this form via email or fax (details below) to enable prompt delivery and patient booking but please **ensure that signed original of your referral is also sent to Confident Dental Care & Implant Centre by post.**

Confident Dental Care & Implant Centre, Stroud will not provide a report for your requested radiographs and CBCT scans unless you request this. To comply with the IR(ME)R 2000 regulations, all radiographs and CBCT scans are required to be justified and reviewed and reported into the clinical notes by the referring practitioner or by a radiologist.

Confident Dental Care & Implant Centre strongly recommends that all CBCT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Confident Dental Care & Implant Centre offers referring dentists a reporting service by a Consultant Oral & Maxillofacial Radiologist for an additional fee of £80.00 (**PLEASE TICK**):
 You would like this patient's radiographic examination to be reported upon by a Consultant Oral & Maxillofacial Radiologist to be arranged by Confident Dental Care & Implant Centre. You are aware that this report will be sent to you separately.
 You are competent to interpret and report your own CBCT images/you will make my own reporting arrangements.