



CONCORDIA  
*dental healthcare*

## Referral Form

138 Holtye Road, East Grinstead, West Sussex  
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01342 313886  
e.grinstead@concordiadental.co.uk

39a Salisbury Road, Hove, East Sussex  
BN3 3AA  
01273 711507  
hove@concordiadental.co.uk

### Reason For Referral

Implants  Orthodontics  Endodontics  Periodontics  Sedation

#### Referring Practitioner

#### Patient Details

Name .....  
Dental Practice .....  
Address .....  
.....  
.....  
.....  
Telephone .....  
Email .....

Name .....  
D.O.B .....  
Address .....  
.....  
.....  
.....  
Telephone .....  
Email .....

### Patient's Main Complaint

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.....  
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Dentist Signature ..... Date ...../...../.....

Please provide us with any relevant radiographs or study models.

After the planning stage we will send you a copy of the treatment plan. If you wish to discuss any aspect of the treatment or have any questions that you would like to ask please do not hesitate to contact us.

During the treatment the patient will remain in the overall care of the dental practitioner.

We will always be available for on-going advice and support following completion of the case and if deemed appropriate, we will review the case.

Please note that this referral is not for general dentistry.