



Implant referral form: Dr. B Dunne, The Plaza Dental Practice, Unit 13, The Plaza, Blanchardstown Village, Dublin 15. Eircode D15WN92.

Tel: 01-8201390. Fax: 01-8201305

Patient name:

Address:

.....

Tel no: Home..... Work..... Mobile.....

Relevant Medical History:

Reason for referral:

Please tick as appropriate

- | | |
|---|--|
| <input type="checkbox"/> Implant surgery only | <input type="checkbox"/> Restorative treatment only |
| <input type="checkbox"/> Implant surgery & transitional restoration | <input type="checkbox"/> Implant & Restorative treatment |
| <input type="checkbox"/> Implant surgery & final restoration | <input type="checkbox"/> All treatment required |
| <input type="checkbox"/> Urgent | <input type="checkbox"/> Non Urgent |

Radiograph enclosed:

- Yes No

**Practice Stamp/ Referring Dentist
Contact details**