

Dentist referral form

We are always happy to accept referrals from dentists to help manage the care of their patients.
We accept referrals for:

Fixed prosthodontics & restorative dentistry

Tooth wear
Restoration of the failing dentition
Partial or full rehabilitations
Management of occlusion
Management of aesthetic anterior restorations
TMJDS and its management

Removable prosthodontics

Complete and partial dentures
Implant-retained over-dentures

Oral Surgery

All minor oral surgery
Wisdom teeth and impacted teeth removal
Hard and soft tissue surgery
Biopsies

Implant dentistry

Treatment planning
Placement and restoration of dental implants
Bone, soft tissue & sinus grafting
Implant complications & peri-implantitis

2d & 3d CBCT imaging

Digital panoramic images
3D cone beam CT scans

Periodontology

Non surgical treatment
Surgical cases
Soft tissue surgery

Orthodontics

Adults and children
Fixed, removable and aligners

If you wish to discuss a case prior to referral please contact us directly
on [01494 412442](tel:01494412442) or email hello@sorrisodental.co.uk

Our referral policy:

1. Contact your patient

We acknowledge your referral and contact your patient to set an appointment.

2. Assess and discuss management

Following the consultation appointment we discuss management and treatment options as appropriate.

3. Treatment plan

Your patient is provided with a detailed treatment plan, time frame for treatment and estimate of fees.

4. Treatment carried out

We carry out specialist treatment outlined and agreed in your patient's treatment plan.

5. Return patient back to your care

Once our treatment is complete, your patient is returned to your care to maintain their routine dental care.

6. Advise and assistance

We are available and are happy to follow up should you need assistance following our treatment. Please get in touch.

Patient details

Name

Date of birth

Address

Postcode

Mobile

E-mail

Parent/Guardian (for children under 16 years of age)

Name

Mobile (if different from above)

E-mail (if different from above)

Referring dentist details

Name

Address

Postcode

Mobile

E-mail

Reason for referral

Fixed Prosthodontics / Restorative Dentistry

Removable Prosthodontics

Implant Placement

Implant Placement & Restoration

Bone / Sinus Grafting

Peri Implantitis / Complications

Orthodontics

Periodontal

Oral Surgery

Further notes

SORRISO*

Sorriso Dentistry, The Rear Barn, Marshall's Yard, Windsor End, Beaconsfield, Bucks, HP9 2JJ

Call us on: 01494 412442 - Email: hello@sorrisodental.co.uk

Please tick one of the following

- I would like a report and advice with this case
- I would like you to carry out the following treatment and return the patient back to our practice
- I would like you to treat as you see necessary and let me know of your plan for this case

Should you wish to discuss this case with one of our specialists, please call us on [01494 412442](tel:01494412442).

Further details

- Medical history Enclosures
- Radiographs Photos
- Other (please specify)

- Please tick if sending by email hello@sorrisodental.co.uk

Thank you for your referral.

SORRISO*

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