# London Dental Centre

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# Orthodontics Referral

We aim to deliver a high quality, friendly and professional dental service – you can rest assured that your patients are always in safe hands with our experts. All referred patients will be seen and treated as promptly as possible. All patients referred to our Specialists are returned back to the referring Practice once treatment is complete (unless otherwise requested). Please do not hesitate to contact us if you have any questions.

## Patient Details

| Title: | First Name: | Surname: |
|---|---|---|
| Address: | | |
| Post Code: | | |
| Telephone: | Mobile: | |
| Email: | | |
| Date of Birth: | | |
| **Reason for Referral:** | | |
| Assessment Only: YES / NO | Retainers: YES/ NO | |
| Fixed/Removable Appliance: YES / NO | Remove Existing: YES /NO | |
| Please list any special requests: | | |

## Referee Details

| Referring Dentist: | GDC Number: |
|---|---|
| Practice Name: | |
| Practice Manager: | |
| Practice Address: | |
| | Post Code: |
| Practice Telephone: | |
| Practice Email: | |
| Attachments: YES/NO | Please specify: |

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