

# Dental Implant Referral Form

For use by referring dentists only



**advance**  
dental implant & skin clinic

## Practice Details

Referring Dentist\*

Practice Email Address\*

Practice Telephone\*

## Patient Details

Patient Name\*

Patient DOB

Patient Address

Patient Telephone

Patient Email

Reason for Referral

Is this referral urgent?\*

Yes  No

Relevant Medical History

### Some points to share with your patient

We do not undertake general dentistry - patients remain in your general care. Patients need to attend an annual dental implant check up with our clinic.