



Referral Proforma

Name _____

Contact number _____ Date of Birth _____

Present medical concerns _____

Present dental condition (brief outline) _____

Reason for referral (patients desired result) _____

Level of referral (please tick as appropriate)

Opinion only

Augmentation only: Sinus

Ridge augmentation

Soft tissue corrections (describe below)

Surgical referral (Implant placement and uncovering)

Do you wish us to place abutments and provisional prosthetics? Yes No

Full Case Referral

Any Other Details _____

(please use reverse to add further detail if required)