



**Shakespeare Clinic**  
Specialist Medical & Dental Centre

## Oral Surgery & Dental Implants Referral Form

### Dentists Details:

Name:
Practice:
Address:
Postcode:
phone:
Fax:
Mobile:
E-mail:

### Patient Details:

Name:
D.O.B:
Address:
Postcode:
phone:
Mobile:
E-mail:
GP Address:

### Reason for Referral:

#### Surgical Dentistry

- Surgical removal of teeth
- Surgical Removal of impacted teeth
- Apicectomy & RRF
- Exposure of impacted teeth prior orthodontic treatment
- Fraenectomies (i.e. superior labial fraenectomy, tongue tie release)
- Excision of intra-oral soft tissue lesions (e.g. mucoceles, fibro-epithelial polyps, haemangiomas ... etc)

#### Implant Dentistry

- Dental Implant
- Socket Preservation
- Maxillary Sinus Lift
- Ridge Augmentation/ bone grafting
- Soft Tissue Grafting

#### Sedation

- Conscious Intravenous Sedation

### Other relevant information:

### Medical & Drug History:

Signature:

Date: