



PATIENT REFERRAL FORM

Ediz has been accepting referrals from local dentists for several years and his team will continue to provide this service to all patients whilst clearly communicating with all referring dentists regarding their patient's treatment. If you have any queries, please contact our treatment co-ordinator on 0117 4623636. You can also refer online via our website.



Patient's Details

Patient's First Name

Patient's Surname

Patients Address

Patient's Postcode

Patient's Email

Patients Phone Number

Patient's Date of Birth

Referring Dentist's Details

Name of Dentist

Practice Name

Practice Address

Practice Postcode

Referring Dentist's Email Address

Dentist's Phone Number



OAKFIELD
DENTAL

PATIENT REFERRAL FORM

Referring Details

Please tick as required

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> CBCT | <input type="checkbox"/> Aesthetic Dentistry | <input type="checkbox"/> Oral Surgery |
| <input type="checkbox"/> Tooth Wear | <input type="checkbox"/> Implants | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Sedation | <input type="checkbox"/> Full Mouth Rehabilitation | |

Consultations Details

Confirmation of Treatment

- I would like report and advice with this case
- I would like you to carry out the treatment and return the patient to our practice



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Preferred Clinician

- Alex Brett - Endodontics
- Ediz Cakin - Restorative Dentistry, Implants, Bone Grafts, Sinus Lifts, Sedation and Oral Surgery
- Ana Gamboa - Consultant and Specialist Periodontist. Accepts referrals for periodontal treatment, gum recession defects, periodontal surgery, peri implantitis
- Stanford Grossman - Specialist Oral Surgeon. Accepts referrals for oral surgery, sedation, cyst removal, biopsies
- Luke Mirza - Digital Dentistry, Invisalign and Aesthetic Dentistry
- Hannah York - General Dentistry
- Not sure

Preferred Contact Method

- Email – please note we cannot discuss sensitive patient information via email.
- Phone
- Letter

Signed

Dated

Thank you for your referral, for patient data safety please send this via post not email. Please enclose any supporting documents with your completed form and send to 40 Whiteladies Road, Bristol, BS8 2LG.

Ediz and his team offer the highest standards of treatment and care to all our core patients as well as those referred from other practices. We pride ourselves on providing a first-class service to all patients and referring clinicians.