

Lowndes Road, Stourbridge,  
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Dr Mario Veltri  
Dr Francesca Dash

### Referring Practice Details

Practice Name:

Referring Dentist:

Date referred:

### Patient Details

Patient's Name:

D.O.B:

Patient's Address:

Contact Numbers - Mobile:

Home/Work:

Email:

### Patient Medical History/Dental History

### Orthodontics – reason for referral

- |                                       |                                    |                             |
|---------------------------------------|------------------------------------|-----------------------------|
| <input type="radio"/> Overcrowding    | <input type="radio"/> Open bite    | <input type="radio"/> Other |
| <input type="radio"/> Spacing         | <input type="radio"/> Deep bite    |                             |
| <input type="radio"/> Class II Div I  | <input type="radio"/> Uneven smile |                             |
| <input type="radio"/> Class II Div II | <input type="radio"/> Overjet      |                             |
| <input type="radio"/> Class III       | <input type="radio"/> Narrow arch  |                             |

### Implants – reason for referral

- Assessment/Advice/Treatment planning only
- Implant surgery and associated restorative treatment
- Single unit
- Multiple units
- Overdentures

### Periodontal – reason for referral

- |  |  |
|--|--|
| <input type="radio"/> Assessment/Advice/Treatment planning only                  | <input type="radio"/> Periodontal disease  |
| <input type="radio"/> Periodontal Surgery (crown lengthening/recession coverage) | <input type="radio"/> Peri-Implant disease |

### Radiographs – Have any radiographs been taken? Please send any relevant radiographs to us.

- OPG                       PA's                       BW's