



# Ennis Periodontology

Periodontology and Dental Implant Referral Clinic

## Patient Referral Form

Date: ... / ... / ...

Patient Name: ..... D.o.b:...../...../.....

Address: .....

.....

Telephone: .....Mobile: .....

Relevant Medical History: .....

.....

### Reason for Referral:

Implant Placement .....  Details of treatment required: .....

Periodontal Disease.....  .....

Mucogingival Problem.....  .....

Other .....  .....

Referring Dentist:

*Thank you for your referral. Please note that all patients will be returned to your care once the prescribed treatment has been completed.*

Tomas Allen, BDS (NUI), MClintDent Perio. (U.Lon), MFDS RCS (Eng)

Unit 12a Westgate Business Park, Kilrush Road, Ennis, Co Clare

Tel: 065 6860001 Fax: 065 6860003