

REFERRAL FORM

IMPLANTS

N | North Hill
Dental
DENTAL IMPLANTS



Dr Sachin Sedani provides Implants at North Hill Dental.

We can provide implants to replace one missing tooth, a few missing teeth or all of the top or bottom teeth.

If you have a patient who would be interested in a consultation to discuss their options, please complete the form and email to **info@northhilldental.co.uk**

Sachin has completed implant training course at Charles Clifford Hospital in Sheffield which is the accepted "Gold Standard" for implant training by the General Dental Council.

46 North Hill, Colchester, Essex, CO1 1PY
E: info@northhilldental.co.uk T: 01206 577 912

www.northhilldental.co.uk

REFERRAL FORM

DENTIST INFORMATION

Referring Dentist _____

Patient Name _____

Address _____

Address _____

Telephone _____

Date of Birth _____

Email _____

Telephone _____

Email _____

Have we seen the patient before?

YES NO

Has the patient been informed of the likely costs?

YES NO

Any relevant medical history _____

TREATMENT INFORMATION

Tooth Number _____

Patient Symptoms _____

Appointment: **Consultation Only / Treatment**

Other comments/reasons for referral _____

Signature _____

