

Please complete the form. Or Just call us directly and we can do the rest - **020 7486 2466**

Date of Referral: _____

Patient information

Mr /Mrs /Ms/Other

Surname: _____

Forename(s): _____

Address: _____

Postcode: _____

Date of Birth _____

Home Telephone: _____

Work Telephone: _____

Mobile: _____

E-mail: _____

Best Time to Call: _____

Has Patient been referred before: Yes/No

Referral: Advise /Treatment

Type of referral: Implants / Periodontics

Study Models: Yes/No

Dental Hygienist Services Yes / No

X-Rays Enclosed: Yes No

Referring Practitioner Details:

First Name: _____

Surname: _____

E-mail: _____

Practice Address: _____

City / Town: _____

Postcode: _____

Telephone: _____

Mobile: _____

Referral Information:

All patients who have been referred to the practice will be returned back to you once treatment has been completed (unless otherwise required). It is our policy to keep you informed at the beginning and end of treatment. If the patient has only been referred for assessment or treatment planning, a letter will be sent back as soon as possible.

Please feel free to contact the practice at any time if you have any questions or queries, or if you would like to discuss any aspect of the treatment with the specialist. **For URGENT referrals, please contact: 020 7486 2466**

Dr Shiraz Gulamali, 12 Upper Wimpole Street, London, W1G 6LW