

ANDREW SCOTT

DENTAL CARE

PRIVATE REFERRAL FORM

PATIENT DETAILS

REFERRAL DATE: _____

FIRST NAME:	SURNAME:
DATE OF BIRTH:	
ADDRESS:	
HOME TELEPHONE:	WORK TELEPHONE:
MOBILE:	EMAIL:

REFERRER DETAILS

REFERRING DENTIST:	
TELEPHONE:	EMAIL:

REASON FOR REFERRAL

ANDREW SCOTT (BDS Dund 1996, BMSc Dund 1993) <input type="radio"/> DENTAL IMPLANT PLACEMENT <input type="radio"/> SMILE DESIGN <input type="radio"/> DENTAL IMPLANT PLACEMENT & RESTORATION <input type="radio"/> COSMETIC DENTISTRY	BINNIE SMART (BDS Dundee 2005 MFDS RCS Edin 2007) <input type="radio"/> TOOTH EXTRACTION <input type="radio"/> SEDATION <input type="radio"/> SURGICAL EXTRACTION
GEORGE CHERUKARA (MFDS RCPS Glasg 2000, MClintDent Lond 1999, BDS Bangalore 1991) <input type="radio"/> RESTORATIVE DENTISTRY <input type="radio"/> ENDODONTICS <input type="radio"/> PROSTHODONTICS <input type="radio"/> PERIODONTICS	JULIE RAFFERTY (BDS Dundee 1993) <input type="radio"/> ADULT ORTHODONTICS inc. clear aligners (Age 16+) <input type="radio"/> TRIOS DIGITAL MODEL SCAN

CBCT SCAN

FIELD OF VIEW	
<input type="radio"/> 5 x 5 CM – SECTIONS OF ONE JAW	<input type="radio"/> 5 x 5 CM – HI RESOLUTION – ENDODONTIC ASSESSMENT
<input type="radio"/> 8 x 6 CM – ONE ARCH	<input type="radio"/> 8 x 8 CM – TWO ARCHES
<input type="radio"/> 15 x 8 CM – TMJ's BASE OF SKULL	

*Note: Andrew Scott Dental Care does not report on the CBCT Scan.

CLINICAL JUSTIFICATION:

ADDITIONAL INFORMATION

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