

PRIVATE REFERRAL FORM

PATIENT DETAILS

REFERRAL DATE

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

REFERRER DETAILS

REFERRING DENTIST:	TELEPHONE:
	EMAIL:

REFERRAL REASON

ANDREW SCOTT (BDS Dund 1996, BMSc Dund 1993)	
DENTAL IMPLANT PLACEMENT	SMILE DESIGN
DENTAL IMPLANT PLACEMENT & RESTORATION	COSMETIC DENTISTRY

JULIE RAFFERTY (BDS Dundee 1993)	
ROSHAN FERNANDEZ (BDS Dundee 1990)	
ADULT ORTHODONTICS inc. clear aligners (Age 16+)	
FACIAL AESTHETIC INJECTIONS inc. lip fillers and Muscle Relaxing Injections (Roshan Fernandez)	

GEORGE CHERUKARA (MFDS (Rest Dent) RCPS Glasg 2000, PhD, MClintDent Lond 1999, BDS Bangalore 1991)	
RESTORATIVE DENTISTRY	ENDODONTICS
PROSTHODONTICS	PERIODONTICS
MUCOGINGIVAL SURGERY	TOOTHWEAR
PERIODONTAL DISEASE MANAGEMENT in chronic systemic conditions – diabetes, cardiovascular, arthritis.	

CBCT SCAN – FIELD OF VIEW *Note: Andrew Scott Dental Care does not report on the CBCT scan.	
5 x 5 CM – SECTIONS OF ONE JAW	5 x 5 CM – HI RESOLUTION – ENDODONTIC ASSESSMENT
8 x 6 CM – ONE ARCH	8 x 8 CM – TWO ARCHES
15 x 8 CM – TMJ's BASE OF SKULL	
CLINICAL JUSTIFICATION:	

ADDITIONAL INFORMATION
