Crossbank
dental care

our promise

1. We will welcome your patient into a caring and professional environment.
2. We will listen with respect and respond to your patient's concerns.
3. We will clearly state the cost of proposed treatment in advance.
4. We will perform our very best standard of dental work for your patient at all times.
5. We will deliver only evidence based contemporary treatment plans
6. We will only use implant systems recognised for their quality and with a proven track record of success
7. We will always listen when you or your patients tell us how we can improve our services.

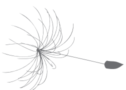
❑ **Please contact me about CPD availabilty**

- Live observation
- Hands on experience
- Mentoring

❑ **Please send more pre-paid envelopes**

❑ **Please send more referral forms**

please tick as appropriate



referral form

Patients Name:

Tel No.: Date of Birth:

Address:

Email Address: Postcode:

Patients Complaint / Reason for refferal:

Relevant medical history:

Type of referral please tick as appropriate

Implant
- ❑ Opinion only
- ❑ Grafting
  - Bone block grafting
  - Sinus elevation/ Augmentation
  - Soft Tissue Correction
- ❑ Surgical referral (implant placement and uncovering)
- ❑ Full Case Referral

Endodontic
- ❑ Opinion only
- ❑ Root FIlling
- ❑ Re-root Filling
- ❑ Post removal

Cosmetic/Complex
- ❑ Opinion only
- ❑ Crown/Bridge
- ❑ Dentures
- ❑ Tooth Wear
- ❑ Whitening
  - Full Smile
  - Internal
- ❑ Invisalign

Oral Surgery
- ❑ Impacted Teeth
- ❑ Retained Roots
- ❑ Apicectomy

Digital Radiography
- ❑ OPG
- ❑ Cone Beam CT Scan (specific forms available)

Hygiene
- ❑ Routine S&P
- ❑ Full Mouth Disinfection
- ❑ Customised Hygiene Instruction

Referring Dentist's name: Tel No.:

Address:

Email Address: Postcode:

Signature: Date of Referral:

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INVESTOR IN PEOPLE