

Periodontal referral form.

**Brighton Periodontal Practice.
Fax 01273 555339**

Brighton Periodontal Practice
Elms Lea Dental Practice
17 Elms Lea Avenue
Preston Park
Brighton
BN1 6UG

Referring dentist Details.
Full Name
Address
Telephone

Patient details

Title	<input type="text"/>	Date of birth	<input type="text"/>
First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Tel no. Day	<input type="text"/>	Eve	<input type="text"/>

Referral requirements.

Periodontal assessment and treatment	<input type="checkbox"/>	Surgical crown lengthening	<input type="checkbox"/>
Mucogingival/aesthetic periodontal surgery	<input type="checkbox"/>	Periodontal treatment plan only	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

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Relevant medical history

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Smoker	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	number smoked per day	<input type="text"/>
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Enclosures

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