



# St Faiths Specialists

GDC Registered Specialists providing:  
Implants Oral Surgery Orthodontics Periodontics Endodontics Paedodontics  
Services available with or without conscious sedation.

**Private Referral For:**  Management of Peri-implantitis  CBCT  
 Implant placement  Implant and Restoration  Orthodontics  
 Oral Surgery  Periodontics  Endodontics  Paedodontics

## Referring Practitioner

Name .....

Address.....

.....

Telephone.....E-mail .....

## Patient Details

Name .....DoB.....

Address.....

.....

Telephone.....E-mail .....

## Reason for referral (or Area of CBCT scan+ justification)

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## Relevant Medical History

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I have provided all relevant radiographs.

Signature .....Date.....

Following initial assessment we will send you a copy of the treatment plan.  
For any other-and any continuation- of dental care we will ensure patients return to  
you with the exception of further reviews specific to treatment provided. No  
referred patient will be accepted at our practice for routine dental care.

**N.B. FOR ORAL SURGERY AND ROUTINE DENTISTRY SEDATION  
REFERRALS, WE'D BE GRATEFUL IF YOU COULD KINDLY COMPLETE THE  
FORM IN OUR SEDATION REFERRAL BOOKLET (SEE WEBSITE)**