

Hygiene Referral Form



Referring Dentist details: *N.B. Please complete all fields*

Dentist name: _____ GDC no: _____

Practice: _____

Practice address: _____

Postcode: _____ Practice tel: _____

Email: _____

Patient details:

Title: _____ First name: _____ Last name: _____

Address: _____

Postcode: _____

Tel (h): _____ Tel (w): _____

Mobile: _____ Email: _____

Preferred contact method: _____ DOB: / /

Relevant medical history: _____

Dental Anxiety Score (please circle)

1 = not anxious to 10 = very anxious

1 2 3 4 5 6 7 8 9 10

Please find attached copy of the patient's radiograph

Yes No

Please circle teeth requiring specific attention below and attach a print-out of the patient's base line chart

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

Local Anaesthesia used by Devonshire House

CITANEST Citanest 3% with Octapressin infiltrations if required
Up to 3 x 1.8 ml cartridges

ARTICAINE Alternatively use 4% Articaine with 1:200K adrenaline
Up to 2x 1.8 ml cartridges

ORAQIX 25/25 mg per gram cartridges for pocket anaesthesia
Up to 2 x 1.7 ml cartridges

BPE (please provide numbers)

Periodontal condition diagnosis (detail below)

Treatment required (please tick)

- Oral Hygiene advice and demonstration
- Prophylaxis
- Hand Scale
- Ultrasonic Scale
- Interproximal Oral Hygiene Aids (Floss/Brushes)
- Root Surface Debridement with LA as required
- Use of Fluoride Varnish
- Use of Duraphat toothpaste

On completion of treatment, please refer the patient Back to me for further review To our Periodontist

2 Queen Edith's Way Cambridge CB1 7PN
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