

Refer a patient



We take referrals for all our dental services including dental implants, oral surgery, sedation, teeth straightening (orthodontics), root canal (endodontics), gum disease treatment (periodontics), TMD and/or dental sleep medicine.

We also help extremely nervous patients who require sedation in order to access dental treatment, and we're always happy to take patients for any kind of routine dental treatment and return them to their regular dentist afterwards.

Please complete the form below and return by email to hello@thebristoldentist.co.uk or by post to **The Bristol Dental Practice, 1 Queen Square, Bristol, BS1 4JQ.**

Name

What practice are you referring from?

What is the best email address to send an electronic copy of the referral form to?

Patient's name

Patient's date of birth

Patient's email

Patient's telephone

hello@thebristoldentist.co.uk

0117 910 5929 | thebristoldentist.co.uk

1 Queen Square, Bristol BS1 4JQ



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Patient's address

Does the patient consent to us contacting them by?*

- Email Phone Text

Which specialism are you referring to?*

- Restorative Periodontology
 Orthodontics Endodontic
 Oral Surgery Prosthodontics

What would you like us to provide an opinion on? For radiographs and CBCT, please provide your clinical justification here.

Is there anything in the patient's medical history that we need to be aware of?

Do you hold any relevant radiographs which we would find useful to aid our diagnosis?*

- Yes No

Attach them with this form

How would you like us to report back to you with our findings?*

- Email Letter