GallionsReach
Everyone deserves dental excellence

Gallions Reach Dental Clinic Ltd
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Company Registration No. 7446565

HYGIENIST/THERAPIST REFERRAL FORM

This form is for the referral of patients to Gallions Reach Dental Clinic only.
Thank you for placing your trust in us.

NORMAL REFERRAL PROCEDURE

Please book an appointment by completing all the appointment details below and returning the form in the envelope provided. Alternatively you may fax the form on 020 8310 9699. Failure to complete all sections may result in delays or rejection of referral.

PATIENT DETAILS

Full name | Date of birth

Address

Postcode

Home phone number | Mobile number

Email

DETAILS OF DENTAL SURGEON REFERRING PATIENT FOR HYGIENE TREATMENT

Practitioner Name

Practice Address

Postcode

Telephone | GDC No

Email

CLINICAL DETAILS FOR HYGIENE REFERRAL

Assessment and hygiene advice ☐
Oral Hygiene Management ☐
Scale and polish ☐
High level flouride varnish topical application ☐

Radiographs included Yes ☐ No ☐
Medical history included Yes ☐ No ☐

SPECIAL INSTRUCTIONS