THE D:NTAL CLINIC
West Brom Smile Centre

# Dental Implants Referral Form

Patient Details

Name: .....

Address: .....

.....

.....

Postcode: .....

Date of birth: .....

Contact number: .....

Alternative phone number: .....

Email: .....

---

Treatment Requested:

.....

.....

- ☐ X-ray attached
- ☐ Implant Consultation £80 – fee will go towards treatment
- ☐ Normal extraction- from £150
- ☐ Oral Surgery extraction- from £200

---

Relevant Medical History/ Dental History – please include medications if applicable:

.....

.....

.....

.....

.....

---

Referring Dentist Details:

Name: .....

Address: .....

.....

.....

Postcode: .....

Contact number: .....

Email: .....

Date: .....

Sign:

.....

25 High Street, West Bromwich, B70 6PJ
0121 553 2438
reception@westbromsmilecentre.co.uk www.westbromsmilecentre.com