



André C Hattingh

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SPECIALIST IN PERIODONTOLOGY • DENTAL IMPLANTS

# Request for Specialist Treatment

## Referral Details

Periodontal assessment & treatment Yes  No

Gingival recession Tooth:

Crown lengthening Tooth:

Exposure of impacted canine Tooth:

Frenectomy Maxilla  Mandible

Implant assessment & treatment Surgery only

Surgery & Restorative

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

## Patient Details

Patient Surname  Initials  Title  D/O/B

Address

Phone (H)  Phone (W)

## Medical Concerns

Radiographs enclosed Yes  No

## Referring Dentist's Details

Referring Practitioner  Date

Address

Phone  Fax

## Requests & Remarks

## Office Use Only

Appointment date  Date contacted

Please post or fax this form to us

6 Dartford Road, Sevenoaks, Kent TN13 3TQ Tel:01732 471555 Fax:01892 616777 Email:info@ach-periodontology.co.uk

This form is also available on our website - [www.ach-periodontology.co.uk](http://www.ach-periodontology.co.uk)