



Bridge Dental Practice  
2 Colne Road  
Burnley  
Lancashire  
BB10 1LA

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## Orthodontic referral form

Our orthodontic referral service will give you access to the full range of treatments that you currently may not offer your patients. If you wish to discuss a patient, or would like any other general information, then we would be happy to speak to you at any time.

Please be assured that we will keep you up-to-date on your patient's progress through any treatment we might carry out for you.

If you would like to refer a patient, please fill out the details below and send back to the practice.

### Referring practitioner

Name: .....  
Practice: .....  
Address: .....  
.....  
.....  
Postcode: .....  
Phone: .....  
Fax: .....  
Mobile: .....  
Email: .....

### Patient details

Title:.....  
First name: .....  
Last name: .....  
Date of birth: .....  
Address: .....  
.....  
Postcode: .....  
Home phone: .....  
Work phone:.....  
Fax:.....  
Mobile: .....  
Email: .....

Orthodontic treatment type:

NHS/Private

Are the premolars present?:

Yes/No

Is caries controlled?:

Yes/No

Teeth of doubtful prognosis:

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Oral hygiene:

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Main clinical feature(s) resulting in referral:

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