



**2 Green Dental Practice 2 Green Walk, Crayford, Kent, DA1 4JL**  
**Hygiene Referral Form**

**REFERRED BY:**

Name: .....

Address:.....  
.....  
.....

Work Phone: ..... Other Contact: .....

GDC No: ..... Email Address: .....

Signature:..... Date:.....

**PATIENT DETAILS:**

Title:..... Name: .....

Date of Birth: ..... Possibility of pregnancy: yes / no

Address:.....  
.....

Home Phone: ..... Work or Mobile Phone: .....

**RELEVANT MEDICAL HISTORY**

**RADIOGRAPH/S NEEDED?** (If not please attach a current diagnostic radiograph/s)

YES

NO

**TYPE OF REFERRAL** (please circle)

Periodontal Maintenance

Oral Health Instruction

Plaque/Bleeding/Pockets/Records

Root Surface Debridement

Adjunctive Antimicrobial Therapy

Other  
\_\_\_\_\_

**SEDATION REQUIRED?** (from £160) (please circle)

YES

NO

**TEETH/QUADRANTS TO BE TREATED**

**HAS THE PATIENT BEEN MADE AWARE OF THE COSTS, RISKS, ALTERNATIVE TREATMENTS?**

YES

NO

**REST ASSURED 2 GREEN DENTAL WILL NOT APPROACH OR ACCEPT TREATMENT OTHER THAN THAT REQUESTED**