

# IMPLANT REFERRAL

Karl Walker-Finch  
BDS MSc (distinction)  
Dental Implantology  
PG Cert Implant  
Dentistry

*Karl Walker-Finch*

Patient name:

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DOB: .....

Tel: .....

Email: .....

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Address: .....

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Medical history:

Smoker     Bruxist     History of periodontitis

Good oral hygiene     Regular attender

Reason for referral:

Dentist name:

Practice address:

Email:

Tel:

Referral date: