

Contact
Teviot Dental
01450 372476
20 North Bridge Street
Hawick
TD9 9QW

teviotdental
above all care



Implant Referral request

Mr/Mrs/Miss/Ms/Other _____

Surname _____ Date of Birth _____

Address _____ First Name _____

Postcode _____

Tel Home _____ Tel Work _____

Tel Mobile _____

Treatments required (please tick and note tooth where appropriate)

Single tooth implant Over-dentures

Multiple teeth implants Full arch

Implant bridgework Guided case

Brief observations and dental history _____

Relevant Medical history and prescribed medications _____

Enclosures

X- rays OPG Study casts Covering letter

Referred By _____ Tel _____

Address _____ email _____

_____ Date _____