

# HIGHCLIFFE DENTAL CARE

**Dr Anta Riekstina ZRS 1996**  
**Dr Rasa Zemulaityte D Dent Kaunas 2007**  
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07731 863090 (24h Emergency Call Out)  
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**Tel: 01425 277770**

## REFERRAL FORM

### REFERRING DENTIST

Title \_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone \_\_\_\_\_

### PATIENT DETAILS

Title \_\_\_\_ Full Name (Please print) \_\_\_\_\_

DOB \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number Home \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

### PURPOSE OF REFERRAL

Consultation for Implant  
Placement

CBCT Scan

### REASON FOR REFERRAL/DIAGNOSIS

DATE:

SIGNATURE REFERRING DENTIST: