

**Mr Guy McLellan (BDS FDS RCS(Eng) MBBS)**  
Consultant Oral & Maxillofacial Surgeon

**Implant and Oral Surgery Referral Form**

Please print clearly in CAPITALS

<p><b><u>Referring practitioner:</u></b></p> <p>Date: .....</p> <p>Name: .....</p> <p>Address: .....</p> <p>.....</p> <p>Postcode: .....</p> <p>Telephone no: .....</p> <p>eMail: .....</p>	<p><b>Patient:</b></p> <p>Title: ..... Full name: .....</p> <p>DOB: ..... M or F</p> <p>Address: .....</p> <p>.....</p> <p>Postcode: .....</p> <p>Telephone no: ..... (H)</p> <p>..... (W) ..... (M)</p>
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<p><b>Presenting Complaint:</b></p> <p>.....</p> <p>.....</p> <p><b>Investigate and Treat:</b> ..... <b>Opinion Only</b></p>
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<p><b>Medical History:</b></p> <p>.....</p> <p>.....</p> <p>LA: ..... Sedation: ..... IV: ..... Oral: ..... RA: .....</p>
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<p>Specific areas of Concern (Top) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (Bottom) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8</p> <p>Rads Included? ..... OPG ..... Others .....</p> <p>Additional Details / Requests .....</p>
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