

Referral for hygienist services at
NHS Dentist, 2b Hogarth Road, SW5 0PT

NAME OF PATIENT:.....

ADDRESS OF PATIENT:.....

.....

DOB.....

Please see the above named patient for hygiene services.

The patient is not medically compromised and is under no medication
that prevents them from undertaking hygiene treatment.

o OR

The patient is currently under treatment for.....

.....

.....

OR

The patient is currently taking prescribed medication listed below but
may still receive hygiene treatment.

.....

.....

To my knowledge this patient is very nervous/nervous/unafraid

Please contact me or my colleagues

Tel:.....day

Tel:..... Saturdays and late night
if you have any queries concerning this referral or patient.

This referral lasts for one year from the date below and you may provide hygiene
services during that period without referring back to me.

NAME OF PRESCRIBING DENTIST.....

Practice stamp or address of practice.....

SIGNATURE OF PRESCRIBING DENTIST.....

GDC NUMBER.....

Date.....

Word/ECT/Implementation/Policies/PH2 ECT