

# Hygiene Referral Form



## Referring Dentist details: *N.B. Please complete all fields*

Dentist name: \_\_\_\_\_ GDC no: \_\_\_\_\_

Practice: \_\_\_\_\_

Practice address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Practice tel: \_\_\_\_\_

Email: \_\_\_\_\_

## Patient details:

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel (h): \_\_\_\_\_ Tel (w): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_ DOB:     /     /     

Relevant medical history: \_\_\_\_\_

### Dental Anxiety Score (please circle)

1 = not anxious to 10 = very anxious

1   2   3   4   5   6   7   8   9   10

Please find attached copy of the patient's radiograph

Yes      No

Please circle teeth requiring specific attention below

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

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### Local Anaesthesia used by Devonshire House

CITANEST   Citanest 3% with Octapressin infiltrations if required  
Up to 3 x 1.8 ml cartridges

ARTICAINE  Alternatively use 4% Articaine with 1:200K adrenaline  
Up to 2x 1.8 ml cartridges

ORAQIX     25/25 mg per gram cartridges for pocket anaesthesia  
Up to 2 x 1.7 ml cartridges

### BPE (please provide numbers)


### Periodontal condition diagnosis (detail below)

\_\_\_\_\_

\_\_\_\_\_

### Treatment required (please tick)

- Oral Hygiene advice and demonstration
- Prophylaxis
- Hand Scale
- Ultrasonic Scale
- Interproximal Oral Hygiene Aids (Floss/Brushes)
- Root Surface Debridement with LA as required
- Use of Fluoride Varnish
- Use of Duraphat toothpaste

On completion of treatment, please refer the patient    Back to me for further review    To our Periodontist