



Mark Howdle
SPECIALIST IN PERIODONTICS

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PRACTICES DEVOTED TO:
PERIODONTICS, IMPLANT AND AESTHETIC DENTISTRY

FREEPOST PERIO IMPLANT CLINIC

MANCHESTER

SOUTH LIVERPOOL

STOKE

**Please indicate which clinic you are referring to.

07767 691908

IMPLANT AND PERIODONTAL REFERRAL

REFERRING DENTIST

Name	<input type="text"/>	Date	<input type="text"/>	
Address	<input type="text"/>	Telephone	<input type="text"/>	
<input type="text"/>		Fax	<input type="text"/>	
<input type="text"/>	Post Code	<input type="text"/>	Email	<input type="text"/>

PATIENT

Name	<input type="text"/>	Home Phone	<input type="text"/>	
Address	<input type="text"/>	Work Phone	<input type="text"/>	
<input type="text"/>		Mobile	<input type="text"/>	
<input type="text"/>	Post Code	<input type="text"/>	D.O.B.	<input type="text"/>

TYPE OF REFERRAL (PLEASE TICK)

- Patient new to your practice
 Regular attender

FULL PERIO CASE ASSESSMENT

The patient is experiencing;

- Pain
- Swelling
- Bleeding
- Bad Taste
- Recurrent Abscesses
- Tooth Mobility

Please specify particular problem areas;

ISOLATED PERIO PROCEDURE

Please specify; crown lengthening, guided tissue/bone regeneration, mucogingival recession, implantology;

IMPLANTS

Please specify; details of the problem;

- Implant Placement Only
- Implant Placement and Restoration

Relevant Medical History

Please include any radiographs and models which may help in evaluating the patient. We will return them to you after use.