



DENTAL ROOMS
WIMBLEDON VILLAGE

Hygienist Referral Form

Patient details:

Name:

Address:

DOB:

Tel:

(H)

(W)

(M)

E-mail:

Relevant Medical History:

Instructions for Hygienist:

1. General S+P
2. Deep root planing (specify area)
3. LA if required
4. Pocket charting
5. Plaque and bleeding scores.

Any other specific requirements:

Recall interval: 3/12 6/12 12/12
(Please select)

Dentist Signature:..... Date:.....

Referring dentist details:

Name:

Address:

Tel:

(W)

E-mail: