my dental hygienist.co.uk

for Dentist Use

REFERAL TO DENTAL HYGIENIST

Patient Name

Patient Address

Patient DOB

Patient Telephone

Patient Mobile

BPE

I	I
I	I
I	I
I	I

Date of next dental recall exam _____

(We will continue to treat patient until then, to continue after this date We will require another prescription)

SCALE AND POLISH	YES ☐	NO ☐
OHI Instruction	YES ☐	NO ☐
Deep clean all quadrants	YES ☐	NO ☐
LA to be used	YES ☐	NO ☐

Comments of further instructions:

Referring Dentist Name

G.D.C. No

Practice

Telephone Number

Signature

Date / /