

# IMPLANT REFERRAL FORM



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GDC Number: 68029  
BDS Newcastle UK

*Before & After Example*



I can accept all referral cases from a single implant to complex sinus lift/ bone augmentation and full mouth rehabilitation cases. I am also able to offer diagnosis and treatment by using our 3D scanner. I can provide flapless surgery which may avoid bone grafting and can be used for many situations, including the 'all on four' procedure. I can also provide implant placement only and allow you, the practitioner, to complete the restorative phase. Advice can be easily supplied on the best restorative choice of procedures

and components. We routinely use Anthogyr axiom implants. However, I have many years experience with Nobel, Straumann and ETK implants.

It is our top priority to continue to provide a close relationship with all our referring colleagues. I can assure you that any patients referred will only be consulted on their implant treatment. Any requirement or interest in other areas, will always be referred back to their own dentist.

Referring dentist: .....

Practice address: .....

..... Postcode: .....

Tel: ..... Fax: .....

E-mail: .....

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

Patient's name: ..... DOB: .....

Address: .....

Home tel: ..... Work: .....

Relevant medical history: .....

Please add other information that may be useful: .....

Do you wish to restore the fixtures? Yes / No



After completing please return to: Townley House Dental Practice, 36 West St, Oundle PE8 4EF OR [reception@townleyhouse.dental](mailto:reception@townleyhouse.dental)