



THORNDIKE IMPLANT
and **DENTAL CARE**

374 High Street, Rochester, Kent ME1 1DJ

Dr. Behzad Manzoor

BDS, MFDS, MSc (implant dentistry Guy's Hospital)
Practice Limited to Implant Dentistry

Date of Referral.....

Patient Details

Title: Mr, Mrs, Miss, Ms, Dr, Others.....

Name.....

D.O.B.....

Address.....

Post Code.....

Tel.....Email.....

Referral Information	
Implant site:	
Edentulous:	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Type of restoration:	<input type="checkbox"/> Fixed <input type="checkbox"/> Removable overdenture
<input type="checkbox"/> Surgical placement and Restoration	<input type="checkbox"/> Surgical placement only
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Graft
<input type="checkbox"/> Peri-implantitis treatment	<input type="checkbox"/> Sinus Lift
Radiograph(s) enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Relevant Medical History, medication and additional information
<input type="checkbox"/> Smoker <input type="checkbox"/> Periodontal Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Bisphosphonates

Referring Dentist :
Practice.....
Address.....
.....
Post Code.....
Tel.....Email.....