REFERRAL FORM FOR HYGIENIST SERVICES

SANDYCOVE DENTAL CARE

Instructions:
Print out form, fill and return to Sandycove Dental Care
Fax: 01-2842344 Email: info@sandycovedentalcare.ie
Post: 2 Mount Pleasant, Sandycove Road, Sandycove, Co Dublin

REFERRING DENTIST			
Name		Date	
Address		Tel	
		Fax	
		Email	

PATIENT DETAILS			
Name		DOB	
Address		Home	
		Mob	
		Email	
Relevant Medical History			

BPE: Basic Periodontal Examination

			Code:		
				0	No bleeding on probing, no pockets
				1	3.5mm or less pocketing, some plaque or calculus and/or some bleeding on probing 3.5mm or
				2	less pockets with inflammation, plaque or bleeding
				3	Pockets > 3.5mm but < than 5.5 mm in depth, signs of moderate periodontal (gum) disease
				4	Pockets >5.5mm in depth; signs of advance periodontal disease
				*	Furcation

TREATMENT REQUIRED

Appointment	**Prescription**
☐ **Scale & Polish (BPE 0-2)** • Full mouth scale & polish • Oral hygiene instruction • Arrange further appointments with patient as necessary ☐ **Root Planing (BPE 3-4)** • Full mouth periodontal charting • Oral health instruction • Initial non surgical therapy with local anaesthesia if required • Arrange further appointments with patient as necessary ☐ **Supportive Periodontal Therapy** for a period of 1 year ___ 2 years___ 3 years___	Hygienists must be provided with a written prescription from the referring dentist to legally be able to treat patients. Please advise what treatment the patient requires.

Does the patient normally require local anaesthetic for a routine scale & polish? Yes ☐ No ☐

Radiographs included: Left Bitewing ☐ Right Bitewing ☐ Periapicals (number) ☐

Signature of referring Dentist:_____ Date:_____