PORTWAY
DENTAL PRACTICE

40 Portway
Wythenshawe
Manchester
M22 1UB
0161 437 2382
reception@portwaydentalpractice.co.uk

Referral for Implant Treatment

Practice Details	
Practice Name	
Dentist Name	
Telephone	
E-mail	

Patient Details			
Patient name		Date of birth	
Address			
Postcode		Home Phone	
E-mail		Mobile	
Relevant Medical History			
Any missing teeth?			
Oral Hygiene	☐ Good ☐ Fair ☐ Poor		
Reason for referral:			

Please ensure the patient is aware that any consultation at Portway Dental Practice will be on a private basis only.

Please e-mail your referral form to
laura.prosser@nhs.net

Thank you.