Referral form implantology via e-mail to:
hello@d-clinic.uk

Dr. Mehl
living reliability

Patient:

Last name | First name | E-Mail

Telefone | Mobile

Dental Chart:

Right | Left

18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

Referring doctor:

Last Name | First name

Telefone | Mobile

E-Mail

Implantology (desired treatment)

- ☐ Please contact me to discuss the treatment and the available options
- ☐ Implantation
- ☐ 3D planning
- ☐ Augmentation and Implantation
- ☐ Sedation required
- ☐ Augmentation

CBCT (desired treatment)

- ☐ CBCT
- ☐ CBCT and consultation
- ☐ Diagnostics and accompanying letter

Special requests:

X-ray

- ☐ Patient brings x-ray
- ☐ X-ray will be sent via E-mail
- ☐ Please new x-ray

With kind regards,

Date, Signature

Dr. Christian Mehl
E-Mail: Christian.Mehl@HarderMehl.co.uk