



BIRMINGHAM ORTHODONTICS

NATURAL SMILE, NATURAL CONFIDENCE

Dr J S Panesar BDS MSc FDS MOrth FDS(Orth)RCS(Eng)

Date

Referring Dentist

Name

Practice Address

Tel

Fax

E-mail

Patient Details

Name: Mr/Mrs/Ms/Miss

DOB:

Address

Tel:Home

Work

Other

Please inform us why you are referring the patient:

- | | | |
|--|---|---|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Increased OJ | <input type="checkbox"/> Low IOTN |
| <input type="checkbox"/> Pre-Implant/Restorative | <input type="checkbox"/> Class II | <input type="checkbox"/> Class III |
| <input type="checkbox"/> Impacted teeth | <input type="checkbox"/> Orthognathic surgery | <input type="checkbox"/> Anterior Open Bite |

Additional information:

Radiographs: Sending with patient

Please take

Signed: _____

Date: _____

Birmingham Orthodontics

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