

Patient details:

Date: Address:

Male: Female:

Date of birth: Postcode:

Title: Work telephone number:

First name: Home telephone number:

Surname: email:

Reason for referral

Protrusion Please tick: <input type="checkbox"/>	Crowding Please tick: <input type="checkbox"/>	Anterior Crossbite Please tick: <input type="checkbox"/>	Deep Bite Please tick: <input type="checkbox"/>	Open Bite Please tick: <input type="checkbox"/>
Posterior Crossbite Please tick: <input type="checkbox"/>	Diastema Please tick: <input type="checkbox"/>	Bruxism Please tick: <input type="checkbox"/>	Complete Class III Please tick: <input type="checkbox"/>	Periodontal Problems Please tick: <input type="checkbox"/>

Other problems:

Please tick one

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Slow growing teeth | <input type="checkbox"/> Mismatching jaws | <input type="checkbox"/> Eating problems | <input type="checkbox"/> Impacted teeth |
| <input type="checkbox"/> Missing teeth | <input type="checkbox"/> Speech problems | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Not seen an orthodontist before |

What treatment is the patient interested in:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> NHS assessment | <input type="checkbox"/> Invisalign | <input type="checkbox"/> Functional appliances | <input type="checkbox"/> Maxillo-facial / Plastic surgery |
| <input type="checkbox"/> Private assessment | <input type="checkbox"/> Ceramic braces | <input type="checkbox"/> Retainers | <input type="checkbox"/> Oral surgery |
| <input type="checkbox"/> Adult treatment | <input type="checkbox"/> Removable appliances | <input type="checkbox"/> Self-ligating brackets | <input type="checkbox"/> Radiography examination (OPG) |
| <input type="checkbox"/> Metal fixed braces | <input type="checkbox"/> Lingual appliances | <input type="checkbox"/> Anti-snoring devices | <input type="checkbox"/> Radiography examination (CEPH) |

Completed by:

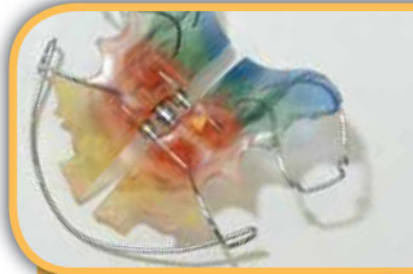
Comments:

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Removable braces



Invisible braces



Coloured braces



White braces



Lingual braces

Please tick your preferred location and return to the High Wycombe address:

High Wycombe
Private & NHS

The Beauty Society
31-33 Amersham Hill,
High Wycombe,
Bucks HP13 6NU
Tel: 0845 601 0700

Denham
Private & NHS

The Beauty Society
at Denham
2 Ashcroft Drive, Denham,
Middlesex UB9 5JF
Tel: 01895 831 049

Beaconsfield
Private only

The Beauty Society
Chesterton Gardens,
Grove Road, Beaconsfield,
Bucks HP9 1UR
Tel: 01494 681 367

Ealing, London
Private & NHS

Octagon Orthodontics
at The Avenue
112 The Avenue,
Ealing, London W13 8JX
Tel: 0208 566 9567

or fax to: (NHS): 01494 445002 (Private): 01494 528243