



# Cambridge Dental Hub



Love Your Smile

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[www.cambridgedentalhub.co.uk](http://www.cambridgedentalhub.co.uk)

Dr David Gilmartin, Dentist  
Dr Gulelala Azhar, Dentist  
Dr I-Chun (Mago) Peng, Dentist  
Dr Maria Ruiz Del Barrio, Dentist  
Mrs. Nur Gilmartin, Dental Hygienist

Dr Jaime De Castro Torres, Dentist  
Dr Jonathan (Jonnie) Dixon, Dentist  
Dr Casey Prawiradiraja, Dentist  
Dr Monica Cueva Moya, Dentist  
Dr Etienne Deysel, Sedationist

Dr Alvaro De Castro Torres, Dentist  
Dr Konstantinos Tzamalass, Specialist Orthodontist  
Dr Manuel Carbajal Pedraz, Dentist PLT Periodontics  
Dr Iyad Abou-Rabii, Dentist PLT Oral Surgery  
Miss Sam Singleton, Practice Manager

## Referral Letter for Oral Surgery

Referring Dentist Details:	Referral For Oral Surgery
Dentist Name:	Please read and tick the boxes:
GDC Number:	<input type="checkbox"/> I am the Dentist/Hygienist.
Dentist Email:	<input type="checkbox"/> I am referring the patient for the reasons outlined below.
Practice Name and address:	Dentist Signature:
Practice Tel. No	Date
Practice Email:	Please note that patients are expected to pay on the day for their examination/treatment.
Patient Details:	X-rays to be sent to <b><a href="mailto:Xrays@cambridgedentalcare.co.uk">Xrays@cambridgedentalcare.co.uk</a></b>
Name: _____ DOB: _____	Would you like us to provide?
Address: _____	Second Opinion <input type="checkbox"/> Treatment <input type="checkbox"/>
Home Tel: _____	<b><u>Reason for referral:</u></b>
Mobile Tel: _____	
Email: _____	
Any other Notes:	
We will take a full MH and ask the patient to sign consent forms prior to an examination/treatment. The referring dentist can request a copy of these documents.	