



# 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 Tzamalal, 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 Periodontal Treatment

<p>Referring Dentist Details:</p> <p>Dentist Name:</p> <p>GDC Number:</p> <p>Dentist Email:</p> <p>Practice Name and address:</p>   <p>Practice Tel. No</p> <p>Practice Email:</p>  <p>Patient Details:</p> <p>Name: <span style="margin-left: 150px;">DOB:</span></p> <p>Address:</p>  <p>Home Tel:</p> <p>Mobile Tel:</p> <p>Email:</p> <p>Any other Notes:</p> <p>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.</p>	<p style="text-align: center;"><b>Referral For Periodontal Treatment</b></p> <p>Please read and tick the boxes:</p> <p><input type="checkbox"/> I am the Dentist/Hygienist.</p> <p><input type="checkbox"/> I am referring the patient for the reasons outlined below.</p> <p>Dentist Signature:</p> <p>Date</p> <p>Please note that patients are expected to pay on the day for their examination/treatment.</p> <p>X-rays to be sent to <b><u>Xrays@ cambridgedentalcare.co.uk</u></b></p> <p>Would you like us to provide?</p> <p>Second Opinion <input type="checkbox"/>          Treatment <input type="checkbox"/></p> <p><b><u>Reason for referral:</u></b></p>      
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