



# The Hub Dental Practice



Love Your Smile

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Dr David Gilmartin,  
Dr Kamilah Makda  
Dr Chivani Tailor,  
Dr Ivo Zdravkov,  
Dr Allen Betsis,  
Dr Etienne Deysel, Sedationist

Dr Aaron Lopez, Specialist Periodontist  
Dr Monica Cueva Moya, SI Periodontics  
Dr Gulelala Azhar, SI Restorative,  
Dr Giovanni Marras, PLT Periodontics  
Miss Sam Singleton, Practice Manager  
Mrs. Nur Gilmartin, Dental Hygienist

Dr Alvaro De Castro Torres, SI Dental Implants & RCT  
Dr Konstantinos Tzamalas, Specialist Orthodontist  
Dr Iyad Abou-Rabii, PLT Dental Implants & Oral Surgery  
Dr Ezgi Cilingir, PLT Dental Implants & Periodontics  
Dr Jonathan Harper, PLT Endodontics  
Dr Jaime De Castro Torres, SI Dental Implants

## Referral Letter for Orthodontic 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: 200px;">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 Orthodontic 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/Hygienist 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@TheHubDentalPractice.com</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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