The Hub Dental Practice

Love Your Smile **775 Witan Gate, Central Milton Keynes MK9 2FW** **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 Treatment

Referring Dentist Details: Dentist Name: GDC Number: Dentist Email: Practice Name and address: Practice Tel. No Practice Email: Patient Details: Name: DOB: Address: Home Tel: 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.	**Referral For Treatment** Please read and tick the boxes: ☐ I am the Dentist/Hygienist. ☐ I am referring the patient for the reasons outlined below. Dentist/Hygienist Signature: Date Please note that patients are expected to pay on the day for their examination/treatment. X-rays to be sent to **Xrays@TheHubDentalPractice.com** Would you like us to provide? Second Opinion ☐ Treatment ☐ **Reason for referral:**