

SANDOWN DENTAL & IMPLANT CLINIC ACCEPTS REFERRALS FROM OTHER DENTISTS AND DENTAL PRACTICES. TO MAKE A REFERRAL PRINT THIS PDF AND SEND IT BACK TO US.

Please be assured we will neither approach nor accept your patient for non-referred treatment.

Practice details	
Practitioner name	
Practice address	
Phone	
Email	

Patient details	
Name	
Address	
Date of birth	
Telephone	
Mobile	
Email	
Is this referral urgent	

CBCT examination required	
Area of interest	
Clinical indication	

History	

Signature \_\_\_\_\_

Date \_\_\_\_\_



**SANDOWN**  
DENTAL & IMPLANT CLINIC

**FIND US**  
33-35 Sandown Road  
Belfast Co. Antrim  
BT5 6GT

**CONTACT US**  
028 9047 1070  
info@sandowndental.com  
[www.sandowndental.com](http://www.sandowndental.com)

**DR PATRICK R REA**  
BDS (Lon) MMedSci (Dental  
Implantology) MFGDP RCS  
Eng & Associates