



**Please consult our referral criteria before completing details below.**

(Click on the link below to see referral criteria) <http://www2.port.ac.uk/dental-academy/gdpreferrals/>

Please tick the relevant referral type and complete the details.

<b>PERIODONTICS</b>		please tick						
Reason for referral (with reference to published criteria)	Diagnosis of periodontal disease (based on BSP staging and grading criteria):  Smoking history:  Oral hygiene regime:							
BPE <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>							Previous history of periodontal treatment:  <u>Prescription for the treatment to be undertaken by DCP students:</u>	
<b>EXTRACTION</b>		please tick						
Reason for referral (with reference to published criteria)								
Relevant medical history:	Past extraction history:							
<b>RCT</b>		please tick						
Please specify tooth to be treated:	Reason for referral (with reference to published criteria):							
	Dental history of tooth to be treated:							
<b>Please provide details of current on-going treatment:</b>   								

**Please send completed forms to: GDP Referrals, Dental Academy Reception, William Beatty Building Hampshire Terrace, Portsmouth PO1 2QG. Any queries please telephone: 02392 845276**