

Referrals for Dental Implant Treatment

At Beech House, we offer a complete range of dental implant services, which include:

- Replacement of a single tooth with an implant-retained crown
- Provision of fixed-implant retained bridges
- Placement of implant-retained overdentures

Our philosophy

We provide high-quality treatment, using the best equipment and materials, in a stress-free environment. We take care of your patients, explaining our procedures and aftercare thoroughly. **We have a policy whereby any patients referred are unable to book in for any routine dental treatment, including hygiene unless the referrer specifically requests this to be completed.**

All our team are highly trained in patient care, expert diagnosis and treatment planning and of course in the provision of dental implant treatment. You as referrers expect the best care for your patients and we aim to provide that level of service every time. Most of our patients are treated with the Dentsply Ankylos System which we find to achieve fantastic results in our patients and to be one of the most straightforward systems for implant restoration.

We welcome visits by our fellow colleagues to see our facilities and meet our team.

If you wish to restore the implants yourself, please let us know and we will ensure you receive the necessary equipment to be able to carry this out. If you wish to restore an implant for the first time, please get in touch and we can arrange for complimentary training in this area.

All dental implant treatment carried out at our referral centre is on a private basis.

- Initial consultation * (will be required in most cases) £62
- Single implant placement from £1100
- Provision of a single implant-retained crown from £850
- Provision of two implants and a three unit bridge from £5000

We will always advise your patients about treatment costs and treatment options at their first visit.

*** Why is an initial consultation required?**

Your patient's experience with us to be very important. An initial consultation as an excellent opportunity to discuss issues about the case and the treatment with your patient. It is also a good way of your patient getting to know us and the environment and universally we have found that your patients find this initial visit invaluable.

Please note that it is our policy that accounts are settled at every visit.



Dental Implant referral form

PATIENT DETAILS

Name _____ Sex M/F

DOB ____ / ____ / ____ (dd/mm/yyyy)

Address

Postcode _____ Tel No: Home _____ Work _____

Referral reason

Referred for advice only? Y/N

Referred for advice & treatment? Y/N

History of present complaint

Relevant Medical History/ inc. medications/allergies

Provisional Diagnosis

Any treatment carried out already (It would be helpful if a radiograph is forwarded with this form)

Other relevant information _____

Do you wish to restore the implant/s yourself? _____

Would you like the patient to see our hygienist for their aftercare? _____

Signature _____ Name (CAPS) _____

Referring GDP details:
