



## Referral to The Implant Centre for OPG

This form must be completed and returned to The Implant Centre before any patient appointment can be booked.

**Referring Dentist:**

<b>Name</b>			
<b>Practice</b>			
<b>Address</b>			
<b>Tel</b>			

**Patient:**

<b>Name</b>			
<b>Address</b>			
<b>Tel</b>		<b>D.O.B</b>	
<b>Medical Factors</b>			

**Reason x-rays required:**

Please note, the results of this OPG will not be medically evaluated by The Implant Centre

**Signed :** ..... (Referring Dentist)

**Email address to send OPG:** .....

**Dated :** .....

**Please complete and return to:**  
 The Implant Centre, 61 Holland Road, Palmeira Square, Hove, East Sussex, BN3 1JN  
 Tel : 01273 766690 Fax : 01273 760080 / Email : [info@theimplantcentre.com](mailto:info@theimplantcentre.com)

**Approved by TIC Dentist:** ..... **Date:** .....