



**Dental Referral Clinic**

Dr Angela Nketia, Specialist Periodontist  
BDS MFDS (Eng) MSc MClIn Dent (Perio) MRD RCS (Edin)

**Patient Details**

**Referring Dentist**

Name.....

Name.....

Date of Birth.....

Practice Name.....

Address.....

Address.....

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Telephone.....

Telephone.....

Email.....

Email.....

**Referral Type:** Periodontics

Dental Implants

Oral Surgery

**Medical History / Clinical Notes / Observations**

**Previous Treatment**

**Treatment Required**

**Radiographs Enclosed: YES/NO**

**Signature**.....

**Date**.....

All Patients remain registered with the referring practice

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**E:** [info@avadental.co.uk](mailto:info@avadental.co.uk)