

Maggie Jackson MPhil RDH Dip DHE FAETC  
Independent Dental Hygiene Service

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With Kai King RDH and Nina Ainsworth RDH

Date.....DENTIST.....Address.....

.....Telephone Number.....Alt Tel No.....

PATIENT NAME..... DOB.....Address.....

.....Telephone number.....Moblie No.....

Any relevant Medical history known.....

Some X-Rays will be helpful please Rx for X-Rays copies will be sent or yours returned

Please X-Rays as needed

**New Patient Referral:- Level 1 Or Level 2, and Level 3**

**Level 1: Short Appointment**

- Discussion about any symptoms and causes for concern
- Review of medical history
- Soft tissue check
- B.P.E (Basic Periodontal Examination)
- Oral health guidance
- Scale and a polish, if appropriate
- Arrange further appointments with the patient as necessary.

**Level 2: Long Appointment**

- Discussion about any symptoms and causes for concern
- Review of medical history
- Soft tissue check
- Full periodontal Charting of pockets (inc. Bleeding Mobility etc)
- Oral health guidance and initial sundry items
- Initial non-surgical therapy
- Arrange further appointments with the patient as necessary.

Use Local Anaesthetic and high level fluoride toothpaste and Varnish **if needed**.

**Prescription requirements.** LA to use.....Dosage.....Frequency.....

Duraphat Varnish.....Dosage.....

Toothpaste: Sodium Fluoride Toothpaste....1.1%DPF....0.619%DPF Frequency.....

**Level 3: Supportive periodontal therapy** for a period of

1 Yr  2yrs  3yrs  (continuing maintenance can be valid for 1-3 years)

If you have any need to confer please do not hesitate contact us.

I wish to see the patient after initial therapy at 6 weeks.....3 months.....6 months .....1yr.....

**Please refer the patient to be treated by MIDHS by signing below.**

Signature of Dentist.....