

Maggie Jackson MPhil RDH Dip DHE FAETC
Maggie's Independent Dental Hygiene Service (MIDHS) Ltd
Beacon Business Centre
14 Arundel St
Mossley
Tameside
OL5 0LS

Tel: 08456 777 007
Fax: 0845 450 5403



With Kai King RDH and Nina Ainsworth RDH

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

..... Tel..... Alt Tel No.....

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

..... Tel..... Mobile No.....

Any relevant medical history known.....

Some X-Rays will be helpful. Copies will be sent or yours returned.

Please state how many X-Rays you are sending

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 wks 3 months 6 months 1yr

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

Signature of Dentist.....