



**Thurloe  
Street  
Dental.**

10 Thurloe Street  
South Kensington  
London  
SW7 2ST  
02075845551  
enquiries@londonsmiles.com

### **Referral To Dental Hygienist**

**Patient's Name:**

**Date of Birth:**

**Address:**

**Telephone Number:**

**BPE**



**Comments and Instructions:**

**Date of Next Dental Examination:**

(Please note that our hygienist will continue to treat the patient until this date, after which we will require another referral)

**Referring Dentist's Name:**

**Surgery Name:**

**Address and Telephone Number:**

**Date:**

Please return this form to Thurloe Street Dental at the address above

Or scan and email it to [enquiries@londonsmiles.com](mailto:enquiries@londonsmiles.com)

For any enquiries please call us on 02075845551. Thank you for helping us serve the patient better!