Pre-Bisphosphonates Referral Form for Dental Assessment

Email to: restdentonc@stgeorges.nhs.uk

Date: Respon	nsible Medical Consultant (s):	Patient Lab	el:			
How u	rgent is this referral?	Urgent			Routine	
Medica	al Diagnosis:					
Releva	ant medical history:					
Has th	e patient already taken bisph	osphonates?	Yes	No		
If yes,						
a)	Name of medication:					
b)	Was it IV or oral?		IV	Oral		
c)	When did the patient take t					
If no,						
a)	When do you plan to start b	isphosphonate tre	atment?			
b)	Will it be IV or oral?		IV	Oral		
_	tient taking (or has the patien			=		
	Complications/ Comments:					
ignatur	e:	Print Nar	ne:			
Vard	Ext	Bleep	E-m	ail		