

**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**  
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**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.....