

# The London Dental Studio

implants | ct scans | sinus grafting | bone augmentation

Single and Multiple Dental Implants

Full Mouth Reconstructions

Mini Implants

Denture Stabilising

Denture Replacement

Ramus Frame

and Blade Implants

Ramus Block Graft Harvest

Subperiosteal Implants

Bone Grafting

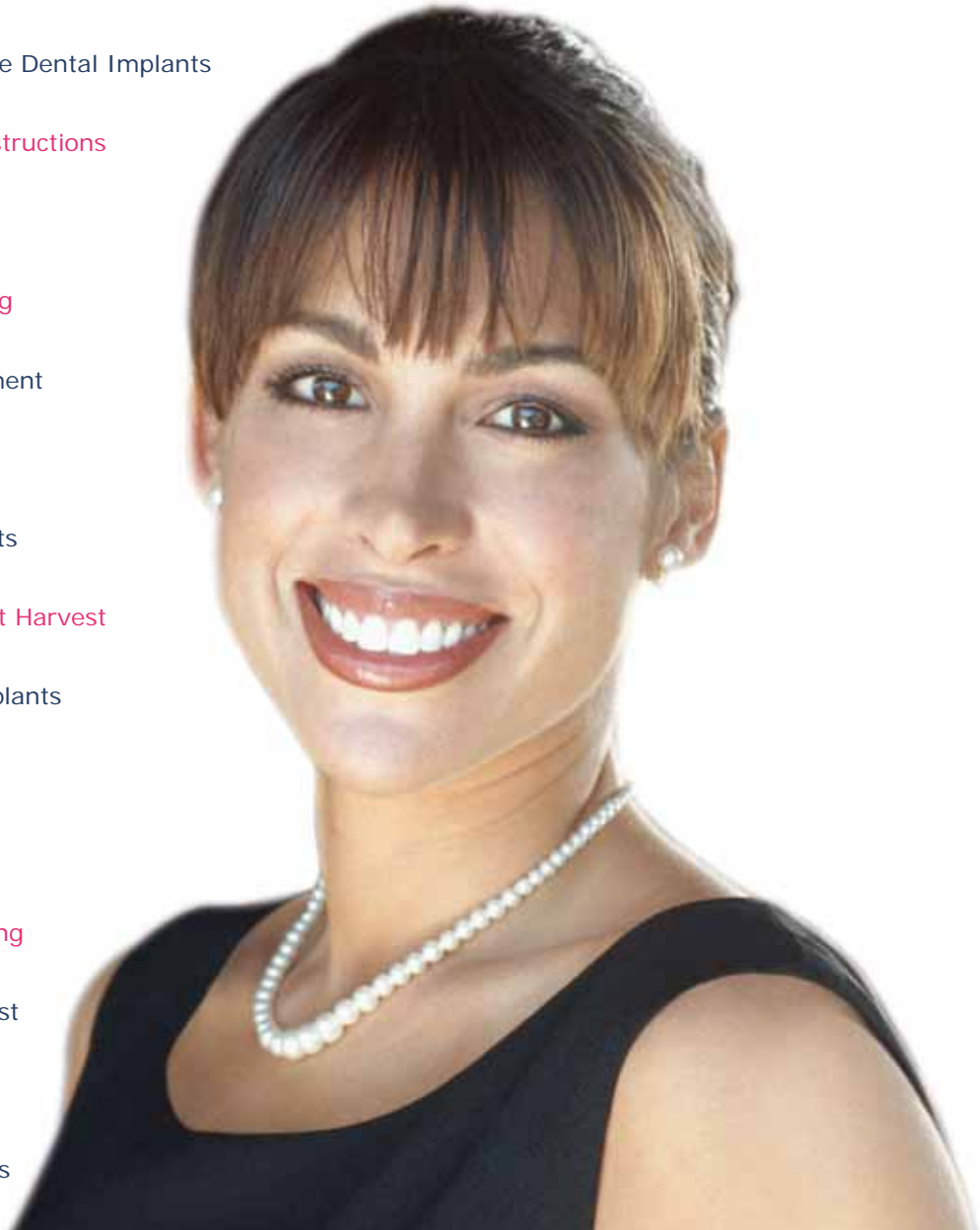
Sinus Grafting

Nerve Repositioning

Chin or Hip Harvest

Tissue Grafting

In-house CT Scans



\*free initial dental implant consultation



at The London Dental Studio  
since 1999.

## Dental Implant and CT Scan Referral Pack

# Dental Implant Referrals

The London Dental Studio is one of UK's leading Practices for Dental Implants and 'Same Day' Mini Implants. Our team includes one of the world's leading Implantologists, Dr Hilt Tatum DDS.

Our Surgeons have been placing Implants for over twenty years and have placed over 4000 Implants. The Studio specializes in simple to complex solutions from single tooth to complete mouth reconstructions.

**Dr B K Vekaria** has placed over 4000 Dental Implants since 1988. He is one of only a handful of dentists in the UK to hold a Postgraduate Diploma in Implant Dentistry obtained at Lille University, France. He is an international course presenter and lecturer on the subject of: The Art and Science of Implantology and Aesthetic Smile Makeovers.

**Dr Azhar Sheikh** has twenty five years international dental expertise. He has a special interest in Dental Implants and Cosmetics. He has been placing Dental implants for over twenty years and has experience in advanced surgical Implant techniques. Dr Sheikh teaches at The London Dental Studio and other institutions. He is a member of The Teaching Faculty at The Tatum Institute, Birmingham. He has featured on radio interviews with the BBC and has written a number of publications.

## Why choose The London Dental Studio?

At The London Dental Studio we combine Implant expertise with **unsurpassed aftercare and affordability**. Dental Implant treatment could mean a number of visits to your dentist. It is important that you are cared for within the same clinic from start to finish. This way you are guaranteed a consistent high level of service at all times both from a personal and treatment point of view.



Dr Hilt Tatum DDS



Dr Balwant Vekaria



Dr Azhar Sheikh



at The London Dental Studio since 1999.

## Specialist Dental Implant Treatments Include:

- | Single and Multiple Dental Implants
- | Full Mouth Reconstructions
- | Mini Implants
- | Denture Stabilising or Replacement
- | Ramus Frame and Blade Implants
- | Ramus Block Graft Harvest
- | Subperiosteal Implants
- | Bone Grafting
- | Sinus Grafting
- | Nerve Repositioning
- | Chin or Hip Harvest
- | Tissue Grafting

## Professional Services

- | Caring, Sympathetic and Friendly Staff
- | Conscious Sedation
- | Expert Aftercare
- | State of the Art, Modern Facilities with six treatment suites
- | Amongst the Most Competitive Dental Implant Prices in the UK and Europe
- | Transparent, Written Quotation. No Hidden Costs
- | 0% Interest Free Finance

# CT Scan Referrals

## The I-CAT CONE BEAM CT SCANNER

We are one of the only Practice in the UK to have an in-house an 'I-CAT CONE BEAM CT SCANNER'. Blending innovation and patient comfort, the I-CAT™ Cone Beam 3-D Imaging System produces immediate three-dimensional images of patients' critical anatomy, typically in under one minute. The I-CAT™ provides complete views of all oral and maxillofacial structures in an easy to use, cost effective, in-office system that allows us to dramatically enhance treatment in a variety of ways.



Should you wish to refer a patient for a Dental Implant Consultation, or a CT Scan please kindly fill-in the Patient relevant Referral Form.

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## CT Scan Patient Referral Form

For Consultation/Treatment Appointment  
please either or Post this Form or  
**Tel 020 76300782 Fax 0207 8284407**

27/29 Warwick Way  
Victoria, London  
SW1V 1QT

For More Referral Packs, Our Portfolio and Downloadable Maps  
please visit our website: [www.londondentalstudio.co.uk](http://www.londondentalstudio.co.uk)

### Patient Details

Patient Name \_\_\_\_\_

First \_\_\_\_\_ Title \_\_\_\_\_

Last \_\_\_\_\_ Initials \_\_\_\_\_

D.O.B. \_\_\_\_\_

Patient Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Tel (Home) \_\_\_\_\_

Tel (Work) \_\_\_\_\_

Tel (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

Appointment Date \_\_\_\_\_

Time \_\_\_\_\_

Or please contact this patient

Preferred Contact Method:  
\_\_\_\_\_

### Referring Dental Practice

Dentist Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

### Reason for Scan and Justification

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signature

GDC Reg.

No \_\_\_\_\_

### CT Scan Requirments

Radiographic Markers

for Patient? Yes  No

Maxilla  Mandible

All scans are parallel to Occlusal plane  
unless otherwise stated below

### Special Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Service / Payment

Code \_\_\_\_\_

(see price list)

Client Account

Patient Pay LDS

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**free initial dental implant consultation \***

Date \_\_\_\_\_

Dear Sir / Madam,

Thank you for seeing this patient for a consultation.  
Please contact the patient for an Implant Consultation.

The Complaint or Treatment Required is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The patient requires an urgent Implant appointment  Yes  No (This is Chargeable)

The patient requires an urgent CT Scan  Yes  No (This is Chargeable)

**Patient Details** Note: (For Rheumatic fever/ Heart valve defects please ensure the patient takes appropriate antibiotic cover prior to the appointment.)

Name \_\_\_\_\_ DOB / / Sex M / F

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Enclosures (Please Tick)**

Medical History Sheet  X-Rays  Casts  Photos  CT Scan

**Previous Medical History** \_\_\_\_\_  
\_\_\_\_\_

**Further Details of Treatment Request** \_\_\_\_\_

**Notes for the Patient** If the Patient is to bring this form to the appointment, please ask them to state when making the appointment; **(i)** That they have been referred and, **(ii)** The name of the referring Practice/Dentist

**Signature Referring Dentist** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

Practice Stamp

\* The London Dental Studio reserves the right to withdraw the Free Implant Consultation Offer.  
Please check at time of referral. CT Scans are chargeable.