

Patient Self-Referral Form

The General Dental Council allows “Direct Access” for patients who want to see Specialists and Dental Hygienists without the need for a prescription from a Dentist.

For more information click [here](#).

We look forward to meeting you at Visage Dental Spa Specialist Referral Center and Hygiene led preventative Dental Practice.

Patient Details													
First Name													
Surname													
Date of Birth													
Gender													
Phone Number													
Email													
Medical Information													
Other Information (please feel free to elaborate)													
Treatment Details													
Type of Treatment Required	<table border="1"> <tr> <td>Implants</td> <td></td> <td>Cosmetic Makeover</td> <td></td> </tr> <tr> <td>Smile Consultation</td> <td></td> <td>Teeth Straightening</td> <td></td> </tr> <tr> <td>Dental Hygiene</td> <td></td> <td>Smile Consultation</td> <td></td> </tr> </table>	Implants		Cosmetic Makeover		Smile Consultation		Teeth Straightening		Dental Hygiene		Smile Consultation	
	Implants		Cosmetic Makeover										
	Smile Consultation		Teeth Straightening										
Dental Hygiene		Smile Consultation											
Location of Treatment (please tick):	<table border="1"> <tr> <td>St Albans</td> <td></td> <td>Harpenden</td> <td></td> </tr> </table>	St Albans		Harpenden									
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