



GOMERSAL DENTAL LOUNGE



DR ZAID ALI

**BChD, FDS Rest Dent (RCS Edin), PhD, MSc (Distinction) Prosthodontics, MFDS (RCS Edin)
PGDip (Health Research), PGCert (Sinus Lifts and Bone Grafts), PGCert (Aesthetic Dentistry)
GDC number 103931**

Dear Colleagues

It is with pleasure that we can now offer referral services with our in-house specialist Dr Zaid Ali, Consultant and GDC registered Specialist in Restorative Dentistry.

Dr Ali is Lead for Oral / Dental Rehabilitation for Head and Neck Cancer patients, and Training Program Director for Dental Core Training in Leeds Dental Institute and has interests in the following clinical areas:

- Dental Implants
- Endodontics
- Toothwear
- Fixed and Removable Prosthodontics
- Periodontology

We are currently accepting referrals for:

- Dental Implants (*from single teeth to full arch All-on-X*)
- Root Canal Treatment (*first time and re-treatment*)
- Surgical & Non-surgical Management of Periodontitis
- Complete and Partial Dentures
- Rehabilitation (*Fixed / Removable / Combined*) for patients with *collapsed occlusion*
- Sinus Lift / Bone Grafting / Dental Extractions
- Surgical Crown Lengthening
- Cervical Resorption Repair
- Apical Surgery

Consultation fee is **currently only £150** as an introductory offer, to include full assessment and treatment plan options.

If you would like to discuss a case ahead of referral / to seek advice on treatment planning / to discuss options for peer-to-peer mentoring, please get in touch and we can arrange a video call at a mutually convenient time.

GOMERSAL DENTAL LOUNGE
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Referral Form For Dr Zaid Ali

To make a referral please email this form to manager@gomersaldentalounge.co.uk

We will contact the patient as soon as possible after receipt.

Referrer Details

Referrer Name:

Referring Practice Address:

Postcode:

Tel:

Email:

Patient Details

Name:

Date of Birth:

Address:

Postcode:

Contact Telephone number:

Email:

Relevant Medical History

Referral Details

Please indicate which clinical area the referral is for (tick any that apply):

Complex Occlusal Issue	<input type="checkbox"/>	Partial Dentures	<input type="checkbox"/>	Minor Oral Surgery	<input type="checkbox"/>
Toothwear	<input type="checkbox"/>	Implants	<input type="checkbox"/>	Sinus Lift	<input type="checkbox"/>
Fixed Prosthodontics	<input type="checkbox"/>	Periodontal Disease	<input type="checkbox"/>	Bone Graft	<input type="checkbox"/>
Complete Dentures	<input type="checkbox"/>	Endodontics	<input type="checkbox"/>	Full Arch Implant Rehab (All-on X)	<input type="checkbox"/>
Apical Surgery	<input type="checkbox"/>	Cervical Resorption Repair	<input type="checkbox"/>		

Please give a general overview of the patient's / your concerns and the reason for referral:

Please enclose relevant radiographs, periodontal charts and clinical photographs where possible.