Baran & Hull
DENTISTRY

REFERRAL PACK

-Single Implants/Multiple Implants
-In-house CT scans
-Full mouth reconstructions
-Implant retained dentures
-Bone grafting
-Endodontics

Please complete the relevant referral form and send it to

baranandhulldental@gmail.com

or post to

Baran & Hull
Chatterton House
5 Church Lane
Nantwich
CW55RQ

Baran & Hull DENTISTRY

CT Scan Referrals

SIRONA ORTHOPHOS SL CT SCANNER AND OPG MACHINE

Baran & Hull Dentistry are proud to be able to provide an imaging referral system for patients.
Our state of the art Sirona Orthophos SL is a hybrid dental X-ray machine that functions as both 2D and 3D imaging system

If you wish to refer a patient for a OPG or a CBCT scan complete the relevent CT referral form and send it to the practice via post or email.

Whether 2D or 3D imaging we will aim to see the patient as soon as possible.

The images and report will be processed and sent to you direct via We Transfer.

2D Imaging	£100
3D Imaging	£200

Baran & Hull
DENTISTRY

ANTHOGYR IMPLANTS

At Baran & Hull we use Anthogyr implants, Anthogyr is renowned for their exceptional durability, precision engineering and superior Biocompatibility, offering dependable solutions for a wide range of restorative cases from straight forward single tooth replacements to more complex full arch rehabilitation.

Backed by a commitment to rigorous quality control and continuous innovation, Anthogyr upholds the highest manufacturing standards in the industry. Through ongoing research and development, the brand consistently introduces cutting-edge advancements in implantology, empowering dental professionals to provide outstanding care with confidence

With a focus on clinical performance, aesthetic results and patient comfort, Anthogyr ensures that practitioners have access to some of the most advanced tools available in modern implant dentistry

Should you wish to refer a patient for implants please complete the implant referral form.

Baran & Hull DENTISTRY

Dr Peter Fleming

BDS (London), LDS RCS (Eng), MFDS RCS (Eng) PGCTLCP (Liverpool) MSC Endo (Chester)

Pete is the Proud owner and Principal dentist of Baran & Hull Dentistry. He graduated from King's College London in 1995. Since graduating Pete has consolidated and updated his studies in both the hospital and general dental practice setting. He has also reached prestigious status by receiving the recognition of member of the faculty of dental surgery at the royal college of surgeons of England.

Dr Peter Fleming
Endodontist

Due to the constant advances and changes technology brings to this field in particular, Dr Fleming is actively involved in postgraduate education and has been involved in the training of a number of newly qualified dentists.

With years of experience and specialist expertise in general, cosmetic dentistry and endodontics, Pete is known not only for his clinical precision but also for his calm and reassuring approach. Whether you're visiting for routine care or complex root canal treatment, you’re in trusted hands.

Baran & Hull DENTISTRY

Dr Darren Bywater

BDS, BSC, (Spec Dual Hons), M.Med.Sci(Oral surgery) DipImpDent RCS (Eng) Adv Cert) DipRestDent RCS (ENG)

Darren is our implant dentist at Baran & Hull and mentor at Smile Fast implants. He was the first dentist in Derby to attain further postgraduate training and education in Dental Implantology, hosted by the Royal College of Surgeons of England. Darren was also awarded the Advanced Certificate in Dental Implantology from the same college that recognises the candidate's ability to carry out Advanced Procedures in Dental Implantology. Implantology such as bone grafting from the chin or jaw plus sinus grafting. Alongside his Master's degree in Oral Surgery, he is confident in providing in-depth and proficient treatment plans and carrying out the implant surgery to a high standard and successful outcomes.

Dr Darren Bywater
Implant Dentist

Darren was invited by the Royal College of Surgeons of England to tutor and mentor for their Implant Diploma based in Leeds and Germany. As such, Darren has acted as Tutor and Mentor for three consecutive cohorts of students and has also acted as a Dental Implant Practice Inspector and Examiner for the Implant Diploma based at the Royal College of Surgeons in London.

Darren attained the Diploma in Restorative Dentistry from the same college with an emphasis in Aesthetic Dentistry. This has allowed him to combine both disciplines of implantology and restorative dentistry to offer complete treatment to failing dentitions without the need for multiple in or out of house referrals in many cases. With this training, Darren has restored thousands of patients with dental implants ranging from simple single units, multiple fixed bridges, full arch reconstructions using a fixed bridge and overdenture technique. Intra-Oral Bone grafting techniques have allowed cases with minimal bone volume to be restored with dental implants.

Baran & Hull DENTISTRY

DATE :

CT Referral Form

CBCT 1/2 CERTIFICATION: YES / NO

REFERRER DETAILS

Full Name:

Practice:

Role:

Address: Postcode:

Telephone:

Email:

PATIENT DETAILS

Title: MR. / MRS / MS.

First Name: Surname:

Date of Birth:

Role:

Address: Postcode:

Telephone:

Email:

Pregnant: YES / NO

AREA OF INTEREST

- 2D IMAGING ☐
- CBCT ☐
- MANDIBLE ☐
- MAXILLA ☐
- SECTIONAL ☐
- BOTH JAWS ☐
- RAMUS ☐
- SYMPHYSIS ☐

CIRCLE RELEVANT AREAS

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

RAMUS ☐ RAMUS ☐

IS THE PATIENT COMING WITH RADIOGRAPHIC TEMPLATE?

YES NO

DOES THE PATIENT NEED TO BE SCANNED AFTER A CERTAIN DATE?

YES NO

IF YES SPECIFY DATE FROM:

JUSTIFICSTION FOR SCAN

- IMPLANTS ☐
- BONE GRAFT ☐
- IMPACTED TEETH ☐
- ENDODONTICS ☐
- SINUS EXAM ☐
- TMJ ☐
- ORAL SURGERY ☐

ANY ADDITIONAL INFORMATION

DENTIST SIGNATURE: _____

FREE INITIAL DENTAL IMPLANT CONSULTATION

Baran & Hull DENTISTRY

Implant Referral Form

DATE :

PRACTICE DETAILS

Referring practice:

Referring Dentsit:

Referral date:

PATIENT DETAILS

Title: MR. / MRS / MS.

First Name: Surname:

Date of Birth:

Role:

Address: Postcode:

Telephone:

Email:

Pregnant: YES / NO

Is this referral urgent? YES / NO

PLEASE TICK ALL RELEVANT BOXES

REASON FOR REFERAL

- ☐ PLACEMENT OF IMPLANT(S) ONLY
- ☐ PLACEMENT OF IMPLANT(S) AND RESTORATION(S)
- ☐ TOTALLY EDENTULOUS JAW(S)
- ☐ BONE &/OR SOFT TISSUE GRAFTING
- ☐ FAILING IMPLANTS
- ☐ OTHER
- ☐ SINGLE TOOTH MISSING
- ☐ MULTIPLE TEETH MISSING

INVESTIGATIONS

- ☐ RADIOGRAPHS ENCLOSED

HAS THE PATIENT BEEN INFORMED OF THE COST OF THE CONSULTATION/TREATMENT?

☐ YES ☐ NO

DETAILS OF CASE

PLEASE ENCLOSE/EMAIL XRAYS WITH THIS APPLICATION

Baran & Hull DENTISTRY

Endo Referral Form

DATE :

PRACTICE DETAILS

Referring practice:

Referring Dentsit:

Referral date:

PATIENT DETAILS

Title: MR. / MRS / MS.

First Name: Surname:

Date of Birth:

Role:

Address: Postcode:

Telephone:

Email:

Is the patient Pregnant: YES / NO

Is this referral urgent? YES / NO

Has patient had antibiotics? YES / NO

Has the patient had pain medication? YES / NO

TOOTH/AREA FOR CONCERN

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

PLEASE TICK ALL RELEVANT BOXES

REASON FOR REFERAL

CONSULTATION ONLY ☐

CONSULTATION AND TREATMENT ☐

IS THIS RETREATMENT ☐

HAS RCT BEEN STARTED ☐

ADDITIONAL COMMENTS