



# Dentist referral form

You can refer using this form or telephone 01603 621613.

Referral packs are available from the practice if you prefer. Any radiographs that you can provide will minimise the patient's costs.

To avoid any unnecessary misunderstanding all treatment charges will be thoroughly discussed with the patient and a written estimate given.

## Referrer details

Date of referral	<input type="text"/>	Your GDC number	<input type="text"/>
Your name	<input type="text"/>		
Your address	<input type="text"/>		
Your contact number	<input type="text"/>	Your fax number	<input type="text"/>
Your email address	<input type="text"/>		

## Patient details

Patient name	<input type="text"/>		
Patients date of birth	<input type="text"/>		
Patient address	<input type="text"/>		
Patient telephone numbers	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>
Patient email address	<input type="text"/>		

## Patient details continued

Reasons for referral  Implants  Root canal treatment  Cosmetic treatment  
 CT Scans  Hygienist

Main complaint

Relevant medical details other imaging results

Clinical findings including history

Treatment required

Enclosures (please list)

### CBCT scan:

Justification for scan

Region of scan  Maxilla (£120)  Mandibula (£120)  Both (£200)

Is stent to be worn?  Yes  No

Define the area that the scan should cover