



# Dentist referral

You can refer using this online 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.

## Referring GDP

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"/>
Patient address	<input type="text"/>
Your contact number	<input type="text"/>

# Patient details continued

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

Main complaint

Relevant medical details

Clinical findings

Treatment required

Enclosures (please list)

Digital X-Ray File