westgate dental practice

referral form

Patient Details

Mr/Mrs/Miss/Ms/Other ..... Date of Birth .....

Surname ..... First Name .....

Address .....

..... Postcode .....

Tel Home ..... Tel Mobile .....

General Medical Practitioner .....

Referring Practitioner

Name .....

Address .....

..... Postcode .....

Tel Home ..... Tel Work .....

Signature ..... Date .....

Nature of Clinical Problem (please tick as appropriate)

☐ Single tooth ☐ Fixed bridge ☐ Denture stabilisation

☐ Full mouth fixed bridgework ☐ Other

Teeth to be treated

Proposed Treatment Details

Relevant Dental History .....

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Relevant Medical History .....

.....

Other Information (eg: when tooth was XLA, root fracture etc.) .....

.....

Do you wish to be present at surgery? ☐ Yes ☐ No

Do you wish to restore the implants? ☐ Yes ☐ No

Signature ..... Date .....

Please return this completed referral form to: Westgate Dental Practice, 75 Alderley Rd, Wilmslow, Cheshire SK9 1PA