

# 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 .....

.....

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 .....