

Referral form

- Oral Surgery & Implants
- Endodontics
- General care under sedation
- Prosthodontics
- Periodontics

Please complete the form below and post back to the preferred treatment centre.
Please check the information you have supplied carefully.

Practitioner's details

Name _____

Address _____

Postcode _____

Telephone _____

Email _____

Patient's details

Name _____

Address _____

Postcode _____

Date of birth (dd/mm/yyyy) _____

Daytime telephone _____

Evening telephone _____

Email _____

- Have we seen the patient before?** Yes No
- Is this treatment urgent?** Yes No

Dear Peter, please could you arrange the following treatment:

Relevant medical history/other comments (including allergies & current medications)

- Will you be forwarding radiographs?** Yes No
- Has the patient been informed of the likely costs?** Yes No
- Please could you send me Information Sheets** Yes

Practitioner's Signature _____ **Date** _____

Please send completed form to preferred treatment centre:



One Wood Street
Advanced Dental Care
 Old Town
 Swindon
 SN1 4AN
 T 01793 433381
 F 01793 527032

Only oral surgery available at:



Lechlade Dental Surgery
 7 Burford Street
 Lechlade
 GL7 3AP

Or scan and e-mail to reception@onewoodstreet.net