

Referral Form



**GARSTANG
DENTAL**
REFERRAL PRACTICE

Garstang Dental Referral Practice Weind House Park Hill Road Garstang Lancashire PR3 1EL 01995 606091 office@garstangdrp.co.uk www.garstangdrp.co.uk	Please tick which service(s) you require	
	Removeable prosthodontics - Finlay Sutton	<input type="checkbox"/>
	Management of failing dentition - Finlay Sutton or Zohaib Ali	<input type="checkbox"/>
	Fixed prosthodontics/Restorative dentistry – Zohaib Ali	<input type="checkbox"/>
	Orthodontics - Rachel Seed	<input type="checkbox"/>
	Periodontics - Syed Abad	<input type="checkbox"/>
	Endodontics – Shakil Umerji	<input type="checkbox"/>

Referring Dentist	
Name	_____
Practice Address	_____
Postcode	_____ Phone Number _____
Email Address	_____

Patient Details	
Name	_____ Date of Birth _____
Address	_____
Postcode	_____ Phone Number _____
Email Address	_____

Relevant Medical History

Endodontic referrals	Tooth being referred for treatment								
<table border="1"> <tr><td>Consultation only</td><td><input type="checkbox"/></td></tr> <tr><td>Root canal treatment</td><td><input type="checkbox"/></td></tr> <tr><td>Post and core placement</td><td><input type="checkbox"/></td></tr> <tr><td>Indirect restoration</td><td><input type="checkbox"/></td></tr> </table>	Consultation only	<input type="checkbox"/>	Root canal treatment	<input type="checkbox"/>	Post and core placement	<input type="checkbox"/>	Indirect restoration	<input type="checkbox"/>	If the tooth is deemed unrestorable or it is not feasible to undertake endodontic treatment, would you like Garstang Dental Referral Practice to arrange for extraction and replacement? Yes / No
Consultation only	<input type="checkbox"/>								
Root canal treatment	<input type="checkbox"/>								
Post and core placement	<input type="checkbox"/>								
Indirect restoration	<input type="checkbox"/>								
<p>Please send a recent PA with the referral to r.seed@nhs.net All films posted will be returned after the patient has been seen</p>									

Reason for Referral
<p>Orthodontic referrals – please provide details and radiographs of any teeth of poor prognosis and if you have an OPG please enclose or email us a copy</p>

Signature _____

Date _____

We would be very grateful if relevant radiographs (**in particular for endodontics**) could be supplied at the time of referral. Please email radiographs to r.seed@nhs.net. We will return all items to you.