

# Referral Form



Garstang Dental Referral Practice Weind House Park Hill Road Garstang Lancashire PR3 1EL 01995 606091 office@garstangdrp.co.uk www.garstangdrp.co.uk	<b>Please tick which service(s) you require</b>	
	Removeable prosthodontics - Finlay Sutton	<input type="checkbox"/>
	Management/advice of failing dentition - Finlay Sutton	<input type="checkbox"/>
	Orthodontics - Rachel Seed	<input type="checkbox"/>
	Periodontics - Syed Abad	<input type="checkbox"/>
	Endodontics - Rob Jacobs	<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**

\_\_\_\_\_

<b>Endodontic referrals</b>	Tooth being referred for treatment, and reason for referral								
<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 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 placement	<input type="checkbox"/>	Indirect restoration	<input type="checkbox"/>	
Consultation only	<input type="checkbox"/>								
Root canal treatment	<input type="checkbox"/>								
Post placement	<input type="checkbox"/>								
Indirect restoration	<input type="checkbox"/>								
Please send a recent PA and for posterior teeth, please include Bite Wings (to aid assessment of tooth structure for restorability) – all films will be returned. Radiographs can be emailed to r.seed@nhs.net									

**Reason for Referral**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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