

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 | |
| | Management of failing dentition - Finlay Sutton or Zohaib Ali | |
| | Fixed prosthodontics/Restorative dentistry – Zohaib Ali | |
| | Orthodontics - Rachel Seed | |
| | Periodontics - Syed Abad | |
| | Endodontics – Shakil Umerji | |

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

| | |
|-------------------------|--|
| Consultation only | |
| Root canal treatment | |
| Post and core placement | |
| Indirect restoration | |

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

Please send a recent PA with the referral to dental.v80382@nhs.net All films posted will be returned after the patient has been seen

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. Please email radiographs to dental.v80382@nhs.net We will return all items to you.