

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

<b>Referring Dentist</b>	
Name	_____
Practice Address	_____
Postcode	_____ Phone Number _____
Email Address	_____

<b>Patient Details</b>	
Name	_____ Date of Birth _____
Address	_____
Postcode	_____ Phone Number _____
Email Address	_____

<b>Relevant Medical History</b>

<b>Endodontic referrals</b>	<b>Tooth being referred for treatment</b>								
<table border="1"><tr><td>Consultation only</td><td></td></tr><tr><td>Root canal treatment</td><td></td></tr><tr><td>Post and core placement</td><td></td></tr><tr><td>Indirect restoration</td><td></td></tr></table>	Consultation only		Root canal treatment		Post and core placement		Indirect restoration		<p>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</p> <p><b>Please send a recent PA with the referral to dental.v80382@nhs.net</b> All films posted will be returned after the patient has been seen</p>
Consultation only									
Root canal treatment									
Post and core placement									
Indirect restoration									

<b>Reason for Referral</b>
<b>Orthodontic referrals</b> – 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.