# Referral Form

GARSTANG DENTAL
REFERRAL PRACTICE

Garstang Dental Referral Practice
Weind House
Park Hill Road
Garstang
Lancashire
PR3 1EL
01995 606091
reception.garstangdental@portmandental.co.uk
www.garstangdrp.co.uk

| **Please tick which service(s) you require** Removable | |
|---|---|
| Prosthodontics - Dr Finlay Sutton Removable | |
| Prosthodontics & Restorative - Dr Zohaib Ali | |
| Orthodontic - Dr Hesham Ali | |
| Periodontic - Dr Syed Abad | |
| Endodontic - Dr Robert Jacobs | |
| Implants - Dr Zohaib Ali | |

**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.