

WELLINGTON DENTAL PRACTICE

Endodontic Referral

Wellington Dental Practice, 47 High Street, Wellington,
Somerset, TA21 8QY

PATIENT DETAILS

Title	
Full Name	
Date of Birth	
Address	
Postcode	

Email Address	
Home Telephone	
Work Telephone	
Mobile Telephone	

IS THIS AN URGENT REFERRAL

 YES NO

REASON FOR REFERRAL (PLEASE TICK ALL THAT APPLY)

 OPINION ONLY ENDODONTIC TREATMENT DIFFICULT ROOT MORPHOLOGY OTHER REASON / SYMPTOMS (PLEASE GIVE DETAILS BELOW) ABUTMENT FOR BRIDGE / CROWN EXISTING POST / POST REMOVAL / POST & CORE PLACEMENT NON VISIBLE / SCLEROSSED CANALS BROKEN INSTRUMENT

INVESTIGATIONS

Has the patient been informed of the cost of the consultation / treatment?

 YES NO ATTEMPTED TREATMENT NO TREATMENT ATTEMPTED PRE-OPERATIVE RADIOGRAPH ENCLOSED

MEDICAL HISTORY (PLEASE PROVIDE / ATTACH DETAILS OF ANY MEDICAL CONDITIONS AND MEDICATION)

REFERRING DENTIST DETAILS

Dental Practice	
Dentist Name	
Address	
Postcode	

Telephone Number	
Email Address	
Signed	
Date	

WELLINGTON
DENTAL PRACTICE
SOMERSET IMPLANT CENTRE

