To refer a patient, please complete the form below and email to endo@congletondental.co.uk

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| --- |
| **Referring Dentist Details** |
| **Dentist name:** |  |
| **Practice address:**  |  |
|  |
|  |
| **Practice postcode:** |  |
| **Practice phone number:** |  |
| **Practice email address:** |  |
|  |
| **Patient Details** |
| **Surname:** |  |
| **Forename:**  |  |
| **Date of birth:** |  |
| **Daytime phone number (mobile if possible):** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Postcode:** |  |
| **Relevant medical history (including medications and allergies):** |  |
| **Which tooth would you like us to look at?** |  |
| **What would you like us to do? (Advice and treatment, or advice only):** |  |
| **Brief history of the presenting complaint:** |  |
| **Provisional Diagnosis:** |  |
| **Details of any treatment carried out already:** |  |
| **Please confirm that you have attached relevant radiographs along with this referral:** |  |