WHITEHALL
DENTAL PRACTICE
01769 572672 info@whitehalldental.co.uk

ENDODONTIC REFERRALS FORM

It is useful to inform the patient that the referral is on a private basis.

Any relevant radiographs are useful.

Your patient will be contacted by telephone and an appointment scheduled, they will be provided with directions and an estimate of cost.

Under no circumstances will any patient be accepted for general dental treatment following referral.

Referring Dentist: *

Address:

Telephone No:

Patient Name: *

Patient Address: *

Phone/ Mobile No: *

Date of Birth:

Email: *

Tooth Notation:

Treatment Required: *

- ☐ Primary Treatment
- ☐ Re-treatment
- ☐ Post removal
- ☐ Fractured instrument removal
- ☐ Perforation repair

Radiograph/ image included? ☐