

Date



Endodontic Referral Form

| Details of Referring Dentist | |
|------------------------------|----------------------|
| Name | Telephone No. |
| <input type="text"/> | <input type="text"/> |
| Practice Address | |
| <input type="text"/> | |
| Email Address | |
| <input type="text"/> | |

| Details of Patient | | |
|----------------------|----------------------|----------------------|
| Name | Mobile Tel No. | Home Tel No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home Address | | |
| <input type="text"/> | | |
| Email Address | Date of Birth | |
| <input type="text"/> | <input type="text"/> | |

| Details of Referral (Please answer Yes/ No - if 'Yes', please provide further details) | |
|--|----------------------|
| Tooth/ Teeth for Treatment | <input type="text"/> |
| Strategic Importance of the Tooth | <input type="text"/> |
| Relevant History | <input type="text"/> |
| Vital/ Non-Vital? | <input type="text"/> |
| Periodontal Condition | <input type="text"/> |
| Draining Sinus Present | <input type="text"/> |
| (If Re-Treatment) Details of Any Previous Treatment | <input type="text"/> |
| Existing Coronal Restoration | <input type="text"/> |
| Posts in Place | <input type="text"/> |
| Dressings/ Drainage Carried Out | <input type="text"/> |

| Details of Referral (Please answer Yes/ No - if 'Yes', please provide further details) | |
|--|--|
| Details of Retained Instruments | |
| Radiographs Enclosed | |
| Urgency | |
| Would you like us to Carry Out the Final Restoration | |
| Medication Prescribed | |
| Relevant Medical History | |
| Any Other Comments | |

Thank you for your referral for Endodontic treatment.

We will contact your patient within the next 48 hours with details of their appointment with Dr Jeetinder Tiwana for a Free Consultation.

A full Treatment Plan will then be provided to your patient for consideration, and a **copy can** be sent to you for your reference **upon request**. Should you or your patient have any questions or queries regarding proposed treatment, please do not hesitate to contact us.

At Styvechale Dental Care we are professional Endodontic Referral Practice with a Strict Referral Policy. For further information please visit our website.