Plumstead Dental Surgery

Please Return to: Plumstead Dental Surgery, 8-14 Herbert Road, London, SE18 3SH or via email to plumstead@pds-health.co.uk

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Endodontics Referral Form- Please complete all sections

Referrer Name: **GDC No:**	**Date of Referral:**
Practice Address: **Postcode:**	**Practice Telephone:** **Practice Email:** **Dentist Email:**
Type of Referral **Routine** ☐ **Urgent** ☐	
Patient Details	
Surname:	**Forename (First Name):**
D.O.B:	**Sex:** **Male** ☐ **Female** ☐

Can we respond by Email? ☐

Contact Address: **Postcode:**	**Contact Telephone Number:** **Contact Email Address:**
Problem for which patient is being referred:	
Is the patient nervous? ☐	**Does the patient want/need sedation?** ☐
Patient's Complaint and Diagnosis:	
Medical History:	
Tooth of Concern:	Details of **ALL** treatment provided in the **last two years** for this tooth (with dates):
Radiographs Enclosed: **PAs** ☐ **OPG** ☐ **PDS to provide radiograph (fees apply)** ☐	
Additional Information:	
Please tick here to confirm that the patient consents to the referral and understands the reasons for it: ☐	
Name:	**Surname:**