



Chigwell Dental Surgery & Anaesthetic Clinic

723 Chigwell Rd, Woodford Bridge, Essex, IG8 8AS

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Tel: 020 85048636

Patient Referral Form

Patient Details

Name:

dob:

Address:

Post Code

Tel no

JUSTIFICATION FOR REFERRAL (tick all that apply)

Anxiety

Lack of co-operation

Needle phobic

Prolonged or unpleasant treatment

Increased gag reflex

Other

(please state) _____

<input type="checkbox"/>

Referring Practitioner Details:

Dentist

GDC no

Tel no

practice stamp here

I confirm Patient has agreed to share information

Signed: _____

Date: _____

Treatment Required

Endodontic (Pulp Extirpation)

Extraction

Implants

Restorative

Radiographs included

yes

no

NHS

PRIVATE

Referral notes

Brief Medical History