



124 Upper Tooting Road
Tooting
London, SW17 7EN
Phone:02087727708
tbdp@btconnect.com

REFERRAL TO TOOTING BEC DENTAL PRACTICE

Please email form to tbdp@btconnect.com

Patients Details

Name:

Date of Birth:

Address:

Mobile contact number:

Medical History:

Anxiety scale: 0 (not anxious at all) 1 2 3 4 5 6 7 8 9 10 (Most Anxious)

Indicate Tooth/Teeth which you would like us to treat or advise (below)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Reason for referral (TICK ONE OR MORE)

- Anxious requires sedation
- Root Canal Treatment
- Extraction/Wisdom Teeth
- Gagging A lot
- Other (state reason):

Please include all relevant x-ray images or we would proceed to retake new images at additional charges to the patient. Must have OPG for wisdom teeth. We have an OPG machine if you wish for us to carry out the exposure.

Referring Clinicians Details

Clinicians Name:

GDC no:

Practice Name:

Address:

Contact number:

WE WOULD ONLY CARRY OUT THE ASSESSMENT (AND TREATMENT) OF THE TOOTH STATED ABOVE. ALL PATIENT CARE REMAINS WITH THE REFERRING DENTIST UNTIL CONSULTATION IS CARRIED OUT BY US AT THE APPOINTMENT DATE WHEN BOOKED BY THE PATIENT. WE WOULD ATTEMPT TO CONTACT THE PATIENT TWICE, BEFORE RETURNING THE REFERRAL LETTER TO THE REFERRING DENTIST. THIS ALSO CONFIRMS THAT THE PATIENT HAS CONSENTED A REFERRAL TO US.

Sign and Date:.....