

Patient name:

Telephone:

Email:

DOB:

Address:

ENDODONTIC REFERRAL:

Consultation & Treatment		Consultation only		Urgent/ Emergency		Radiograph enclosed	
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RESTORATIVE REFERRAL:

Aesthetic Composite		Occlusal Rehabilitation		Toothwear	
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Referral details

Tooth:

Relevant Medical:

Options discussed:

Fee Quoted?

This form is ideally to be completed in full by the referring dentist. The information provided is confidential as per our privacy policy.

We will contact your patients within 24 hours on receipt of referral

We guarantee to discharge your patients back to your continuing care following completion of their prescribed treatment

Your patients will be informed of all costs and a written treatment plan will be provided following their consultation

When applicable all patients are informed of the importance of a cast cusp covered restoration prior to the start of treatment

You will receive detailed correspondence following consultation through to treatment completion explaining our findings as well as any treatment carried out.

Our fees guide:

Treatment Fees: £500.00 to £800.00 depending on tooth type and complexity. A full written treatment plan will be provided following consultation.

Thank you for your referral.

Please email: chobham@dentalpartners.co.uk or hamptonhill@bupadentalcare.co.uk