



2 Green Dental Practice 2 Green Walk, Crayford, Kent, DA1 4JL
Oral Surgery Referral Form

REFERRED BY:

Name:

Address:.....
.....
.....

Work Phone: Other Contact:

GDC No: Email Address:

Signature:..... Date:.....

PATIENT DETAILS:

Title:..... Name:

Date of Birth: Possibility of pregnancy: yes / no

Address:.....
.....

Home Phone: Work or Mobile Phone:

RELEVANT MEDICAL HISTORY

RADIOGRAPH NEEDED? (If not please attach a current diagnostic radiograph)

YES NO

TYPE OF REFERRAL (please circle)

Extraction (from £150) Apicectomy (from £185) Other

SEDATION REQUIRED? (from £160) (please circle)

YES NO

TEETH/SPACES TO BE TREATED

HAS THE PATIENT BEEN MADE AWARE OF THE COSTS, RISKS, ALTERNATIVE TREATMENTS?

YES NO

REST ASSURED 2 GREEN DENTAL WILL NOT APPROACH OR ACCEPT TREATMENT OTHER THAN THAT REQUESTED