

SPECIALIST ENDODONTICS

Dr Kreena Patel BDS (Hons) MJDF RCS (Eng) MClinDent MEndo RCS (Edin)

Patient Details		
Title:	Name:	Surname:
DOB:	Tel (H):	(M):
Address:	Email:	

Reason for referral		
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Primary RCT <input type="checkbox"/>
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Re-treatment/Apicectomy <input type="checkbox"/>
<i>Please tick any that apply</i>		
Comments: _____	Pulp exposure <input type="checkbox"/>	
_____	Trauma <input type="checkbox"/>	
_____	Radiolucency <input type="checkbox"/>	Vague symptoms <input type="checkbox"/>
_____	Suspect crack <input type="checkbox"/>	Previously attempted <input type="checkbox"/>
_____	Previously root treated <input type="checkbox"/>	When? _____
_____	Call me for special instructions <input type="checkbox"/>	

Referring Practitioner	
Dentist Name:	Practice Name:
Practice Address:	
Date:	Tel:

We will contact patients directly to make an appointment. Many thanks for your referral.

Refer patients even faster through our online web form! Visit www.brigstockdental.co.uk/for-dentists.html