

CRESCENT LODGE DENTAL PRACTICE
28 CLAPHAM COMMON SOUTH SIDE
LONDON SW4 9BN
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E MAIL lf@dentistsw4.com

ENDODONTIC REFERRAL FORM

PATIENT DETAILS

Name.....
Address:.....
.....
Date of Birth.....
Telephone Numbers: Home:
Work:
Mobile.....
Email.....

ENDODONTIC TREATMENT REQUEST

Which tooth? Please specify tooth no. and quadrant [e.g. UL5. 25]
.....

Description of treatment currently provided and any antibiotic regime:
.....
.....
.....

How would you prefer the finished Endodontic treatment to be left?

Temporary restoration [normal finish].....
For post crown provision.....
For core build up.....
Other [please specify].....

ENDODONTIC RE-TREATMENT

BLOCKAGE PRESENT

POST CROWN

PERFORATION

Please confirm that the patient has been informed that endodontic re-treatment is sometimes unpredictable.

Are any radiographs enclosed? [these will be returned with a full report]

We will be returning the patient into your care for definitive restoration

MEDICAL HISTORY OF RELEVANCE

.....
.....
.....

Has the patient been informed of the cost of the consultation/treatment? _ Yes _ No

Is this reference urgent?

Referring Dentist name:.....

Signature of Referring Dentist:.....

Date Referred:.....

Address:.....

.....

.....

Telephone:.....

E mail:.....