

Dr. Sia Mirfendereski, BDS (Lond), MSc (Lond), Hons
Dental Surgeon
Specialist Prosthodontics

Dr. Liviu Steier, FICOI, FIAG, FADFE, FRCM
Specialist in Endodontics (GDC)
Spezialist fuer Prothetik (DGZPW), Implantologie (BDIZ/LZK)
Vis. Prof. Restorative Dentistry Univ. Florence
Vis. Prof. Endodontics Tufts School of Dental Medicine

London
W1G 8GF
020 7580 5011

REFERRING COLLEAGUE

Name:

Address:

Tel:

Dental Treatment Referral Form

Patient's Details:

Date:

Miss/Mrs/Ms/Mr Surname:

Forename: Date of birth:

Address:

..... Postcode:

Telephone No:

Main complaint/Reason for referral

.....
.....

Relevant medical history

.....
.....

Clinical details (please circle)

- | | | | |
|------------------------|---------------------|---------------------------------------|---------------------|
| 1) Problem tooth/teeth | 87654321 ; 12345678 | 8) Type of root filling | G.P/Paste/Ag./#Inst |
| | 87654321 ; 12345678 | | |
| 2) Pain | Yes/No | 9) X-ray enclosed | Yes/No |
| 3) Swelling | Yes/No | 10) Edentate area needing restoration | Implant/Bridge |
| 4) Vital | Non Vital | 11) Bone Management | Yes/No |
| 5) Periapical lesion | Yes/No | 12) Occlusal Rehabilitation | Yes/No |
| 6) Recent restoration | Yes/No | 13) Cranio-Mandibular Disorder | Yes/No |
| 7) Previous RCT | None/self/Other | 14) Dento-Facial Lifting | Yes/No |