Wensleydale Dental

11 George Street, Huntingdon, Cambs PE29 3BD
Tel: 01480 453003 Fax: 01480 454352
E-Mail: Info@wensleydaledental.co.uk
Visit: www.wensleydaledental.co.uk

PERIODONTAL REFERRAL FORM

Patient Information

Name:	DOB:
Gender:	Tel Number:
Mobile:	E-Mail:
Address: Postcode:	
Relevant MH:	

Reason for Referral

If any, treatment already carried out:

Radiographs Enclosed: ☐ Panoramic ☐ Periapical

Appointment Required: ☐ Consultation ☐ Consultation & Treatment

Referring Dentist

I confirm I have discussed the above treatment requirements with the patient and they have consented for their details to be sent and be treated by a Dental Surgeon at Wensleydale Dental Practice. The patient has been informed they will be seen and treated on a Private basis, independent from the NHS.

Signed:	Date:
Print name in capitals:	
Practice Name:	
Address: Postcode:	
Tel Number:	
E-mail:	