



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

GENERAL REFERRAL FORM

Patient Information

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

Relevant MH:

Reason for Referral

- | | | |
|--|--|--|
| <input type="checkbox"/> Implants | <input type="checkbox"/> Invisalign | <input type="checkbox"/> DDA Aligners |
| <input type="checkbox"/> Conventional NHS Orthodontics | <input type="checkbox"/> Conventional PVT Orthodontics | <input type="checkbox"/> Tooth Whitening |
| <input type="checkbox"/> Other, please specify; | | |

Tooth Notation:

Appointment Required:	<input type="checkbox"/> Consultation	<input type="checkbox"/> Consultation & Treatment
Radiographs Enclosed:	<input type="checkbox"/> Panoramic	<input type="checkbox"/> Periapical

Additional Information:

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.

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