

Private Oral Surgery Referral Form

Patient Information

Name Address

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Postcode Medical History (including medications):

Reason For Referral

- Consultation only Extraction
- Soft tissue lesion Trauma

- Apicectomy
- Other (please give details):

Clinical Details:

Referring Dentist Details

DOB Tel (H / W) Tel (mobile)
.....

E-mail

- Radiograph enclosed

Name Telephone Address
.....

..... E-mail

..... Postcode

Signed: Date:

Fees: Consultation £70, reducing to £50 if appropriate radiographs are provided. Treatment cost range from £100 to £280 but may be more for complex or multiple teeth. All costs will be provided at consultation.