Treatment Referral Form

Please complete and email:
enquiries@carriageworksdental.co.uk
Or post to address below:

CARRIAGE WORKS
Referral Centre

Practitioner's details

Name

Address

Postcode

Telephone

Email

Patient's details

Name

Address

Postcode

Telephone

Date of Birth

Treatment requested (please tick):

- ☐ Paediatric therapist (RA available)
- ☐ Implants
- ☐ Hygiene (direct access)
- ☐ Periodontal treatment
- ☐ Restorative/cosmetic dentistry
- ☐ Facial aesthetic and skin care
- ☐ Orthodontic alignment
- ☐ Sedation (IV/RA)
- ☐ Prosthetic dentistry (crown, bridge, denture etc.)
- ☐ Oral surgery
- ☐ Endodontic
- ☐ OPG (panoramic radiograph)
- ☐ Second opinion

Radiographs included: Yes ☐ No ☐

Is your patient nervous or dental phobic? Yes ☐ No ☐

Medical history (if in depth, please attach):

Details of referral:

Dentist's signature:

Date of referral:

The Old Carriage Works | Brunel Quays | Lostwithiel | Cornwall PL22 0EN
T: 01208 873116 | enquiries@carriageworksdental.co.uk | www.carriageworksdental.co.uk