PATIENT REFERRAL FORM

edgbaston DENTAL CENTRE

Section A – Patient Details

Items marked with * are considered essential.
A referral will not be accepted without these details.

Patient Title – Mr / Mrs / Miss / Ms

Forename(s)*

Surname*

Full Address*

Postcode*

Date of Birth*

Contact Telephone*

Date of referral*

Section B – Treatment Required -

Treatment type?* **NHS** ☐ **(Intravenous Sedation Only)** **Private** ☐ **(All)**

Referral Type?* **Intravenous Sedation** ☐ **Orthodontics** ☐ **Implantology** ☐ **Endodontics** ☐ **Oral Surgery** ☐

TREATMENT REQUIRED:

Please Note - 1) We do not see patients who are under the age of 18 for intravenous sedation.
2) Patients with an ASA score of 2 or greater are not accepted for treatment.

Does the patient claim any benefits? YES ☐ NO ☐ (If yes, please tick the appropriate box below)

Income Support ☐ Income-based Jobseekers Allowance ☐ Income-related Employment & Support Allowance ☐

Pension Credit Guarantee Credit ☐ HC2 Certificate ☐ NHS Tax Credit Exemption Certificate (Card) ☐

Medical History*/Other Information

REFERRED BY:

Referring GDP*
Please Print

Practice Name*

Practice Telephone*

Practice Stamp*

GDP Signature*

Thank you for your referral. Please post this form so we can arrange a consultation.

Edgbaston Dental Centre
Dr A Nandra, Dr A Tandon & Associates

127 Pershore Road
Edgbaston
Birmingham B5 7NX

T: 0121 440 2751 F: 0121 440 7788
E: info@edgbastondentalcentre.com
W: www.edgbastondentalcentre.com