north ormesby
dental practice
C.Daniels BDS LDS RCS (Eng) DGDP (UK)

# Implant & Endodontic Referral Form

***PLEASE TICK:*** ☐ **IMPLANT REFERRAL** ☐ **ENDODONTIC REFERRAL**

**DATE OF REFERRAL:** / /

## Practice Details

Referring Practice:

Practice Address:

Postcode:

Referring Dentist:

Telephone Number: Email:

## Patient Details

Patient Name: Date of Birth:

Patient Address:

Postcode:

Tel No: Home: Work: Mobile:

Email:

## Implant - Reason for Referral

- ☐ Full Mouth Reconstruction
- ☐ Implant Placement & Refer Back for Restoration
- ☐ Single Tooth Missing
- ☐ Multiple Teeth Missing
- ☐ Totally Edentulous Jaw(s)

**Affected Areas**

Upper ☐ Lower ☐ Both ☐

## Endodontic - Reason for Referral

- ☐ Endodontic treatment
- ☐ Re-treatment
- ☐ Difficult access
- ☐ Difficult tooth morphology (curved canals)
- ☐ Surgical endodontics - Apicectomy
- ☐ Existing post/post removal
- ☐ Non-visible/sclerosed canals
- ☐ Pulp stones
- ☐ Broken instrument
- ☐ Resorption
- ☐ Other (please specify below)

## Brief History (Comments about this referral)

## Brief Medical History

## Diagnostic Aids

☐ OPT ☐ PA's ☐ Other Radiographs

Would you like us to restore the tooth following treatment? ☐ Yes ☐ No

**Thank you for your referral**

**North Ormesby Dental Practice**
8 Trinity Mews, North Ormesby
Middlesbrough TS3 6AL

**T** 01642 243757
**E** charlie.daniels4@nhs.net
**W** **dcdanielsdental.com**