MARTIN LUNN

B.D.S. (U.Lond.)

NORTH STREET DENTAL PRACTICE

19, NORTH STREET, LEWES, EAST SUSSEX BN7 2PF

Tel: (01273) 472248

PRIVATE ENDODONTIC REFERRAL

PATIENT DETAILS

Surname:..... Forenames:..... Date of Birth

Address:.....

.....

.....

Postcode:..... Telephone:..... Home

..... Work

REFERRING PRACTITIONER DETAILS (STAMP)

Name:.....

Address:.....

.....

Postcode:.....Telephone:.....

TREATMENT REQUIRED

Root Canal Treatment:.....

Post Hole: .....

Other: ..... (please specify)

Under Local Anaesthetic ☐ Please indicate:

Under Intravenous Sedation ☐ Urgent ☐ Non-Urgent ☐

Other Relevant Information

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ENCLOSURES

	Supplied	Please return
Radiographs: Inta-oral		
Panoral		

Relevant Medical History

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Signed: ..... Date: .....

TOP COPY TO MARTIN LUNN BOTTOM COPY TO BE RETAINED

Thank you for your referral