

# 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 

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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

Radiographs: Inta-oral  
Panoral

Supplied	Please return

#### Relevant Medical History

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.....  
.....  
.....

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

TOP COPY TO MARTIN LUNN      BOTTOM COPY TO BE RETAINED

Thank you for your referral