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| DENTIST NAME: |  |
| PRACTICE ADDRESS: |  |
| PRACTICE TELEPHONE: |  |

Would you prefer to receive updates and communication regarding this referral via:

Email □ (address:………………………………………………………………………………………………………………….)

What’s-app □ (number: ………………..………………………………………………….) Post □

|  |  |
| --- | --- |
| PATIENT NAME: |  |
| DATE OF BIRTH: |  |
| PATIENT ADDRESS: |  |
| PATIENT TELEPHONE: |  |
| EMAIL ADDRESS: |  |

How would patient prefer to be contacted:

Telephone □ Email □ Post □

|  |  |
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| TOOTH TO BE TREATED: |  |
| HISTORY OF PROBLEM: |  |
| MEDICAL HISTORY: |  |
| TREATMENT REQUEST: |  |

If this tooth is not suitable for endodontic treatment, do you wish a consultation for dental implants with our in house implantologist to be offered: YES □ NO□

PLEASE ENCLOSE A RECENT PERIAPICAL RADIOGRAPH WITH THIS REFERRAL TO AID TRIAGE

RETURN TO PREFERED PRACTICE:

Gareth Thomas Endodontics, Rhiwbina Dental Practice, 25 Heol-y-Deri, Cardiff, CF14 6HB

Gareth Thomas Endodontics, Pont Steffan Dental Practice, North Road, Lampeter, SA48 7HZ

Gareth Thomas Endodontics, Hay Dental Centre, Oxford Road, Hay-on-Wye, Powys, HR3 5AL