

Private Endodontic Referral Form

Patient Information

Name:

DOB:

Address:

Tel (home):

.....

Tel (mobile):

.....

E-mail:

Postcode:..

Medical History (including medications):

Reason For Referral

Consultation only

Root canal treatment

Root canal re-treatment

Trauma

Existing post/post removal

Separated instrument

Other (please give details):

Clinical Details

Tooth:

Symptomatic

Treatment attempted

Radiograph enclosed

Other relevant details:

Referring Dentist Details

Name:

Telephone:

Address:

E-mail:

.....

Postcode:

Signed:

Date:

Our Fees: Anterior tooth: £380, Pre-molar: £450, Molar: £530

Fees include consultation and all necessary appointments. If only a consultation is performed, a fee of £60 will be charged. Separated instruments, perforation repair and re-treatments will attract higher fees, to be advised after receiving the referral and/or consultation