

## Private Oral Surgery Referral Form

### Patient Information

Name .....  
 Address .....  
 .....  
 .....  
 Postcode .....  
 Medical History (including medications):

DOB .....  
 Tel ( H / W) .....  
 Tel (mobile) .....  
 E-mail .....

### Reason For Referral

- Consultation only                       Radiograph enclosed  
 Extraction  
 Soft tissue lesion  
 Trauma  
 Apicectomy  
 Other (please give details):

### Clinical Details:

### Referring Dentist Details

Name ..... Telephone .....  
 Address ..... E-mail .....  
 .....  
 Postcode .....

**Signed:**

**Date:**

**Fees:** Consultation £70, reducing to £50 if appropriate radiographs are provided.  
 Treatment cost range from £100 to £280 but may be more for complex or multiple teeth. All costs will be provided at consultation.