



Oral Surgery Referral Form The Dental Spa

Patient Details

Name Telephone Home

Address Tel Mobile

..... Email

Postcode

Date OF Birth

Patient Details

RELEVANT MEDICAL HISTORY—please include any known allergies and current medication

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REASON FOR REFERRAL

- Wisdom Teeth Removal Buried Roots Exposure of Teeth
- Apicectomy Dental Cyst Biopsy

Details

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|---------------------|
| Treatment requested |
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RADIOGRAPHS ENCLOSED OPG Intra Oral

Referring Dentist Details

Name Telephone

Address Email

..... SIGNATURE

..... NAME

Postcode Date

Please send referral to
Mr Sunil Bhatia The Dental Spa 8 Darwin Court Shrewsbury SY3 5AL 01743 343433
Or email caronsmith@the-dentalspa.co.uk