Referral Form

260 Barnsley Road I Cudworth I Barnsley I S72 8SU
Reception: 01226 710380 I Fax: 01226 710380 I Practice Manager: 01226 716288
Email: reception@cudworthdental.co.uk I Web: www.cudworthdental.co.uk

Cudworth Dental
family dentistry & sedation centre

patient details

First Name: | Surname:

Address:

Post Code: | Date of Birth:

Tel: Home: | Work/Mobile:

Email:

referring dentists details

Date of Referral:

Name of Dentist:

Address:

Post Code: | Tel:

Email:

referral details

This patient is being referred for:

Extractions			Conservation	
Root Canal Treatment			Apicectomy	

Please summarise the patient's symptoms and the specific problem which prevents you from treating this patient.
Example: Needle phobia, gag reflex, failure of local anaesthetic etc.

medical history details

Please identify any medical conditions which your patient suffers from: (please use the box to your right to give relevant details).

- ☐ Rheumatic fever
- ☐ Any heart complaint (including heart murmur)
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Chronic asthma / bronchitis
- ☐ Hepatitis
- ☐ Excessive bleeding
- ☐ Any allergies
- ☐ Current medications
- ☐ Currently pregnant
- ☐ Any operations in the last 2 years
- ☐ Any joint replacements
- ☐ Any other illness

Digi Print: 01226 763449 (04288)

Thank You For Referring This Patient.