Hutton Village – Coram Green Dental Practice

PRIVATE: **Hutton Village Dental Practice, 217 Rayleigh Road, CM13 1PJ, 01277 245390**
NHS: **Coram Green Dental Practice, Hutton, Brentwood, CM13 1LR, 01277 202480**
NEW and Only E-mail: dental.practicem5945@nhs.net

SEDATION REFERRAL FORM

REFERRAL PROCEDURE

Please POST or E-mail the referral form to us

Upon receipt of your referral an appointment will be sent direct to the patient by post /telephone as appropriate.

TODAY's Date: ..... REFERRING Dentist: .....

PATIENT DETAILS :

First Name and Surname: ..... Date of Birth .....

Address:.....

..... Postcode: .....

Telephone No's: Home:..... Mobile: .....

Preferred Contact No: ..... Work: .....

☐ ***NHS*** ☐ ***PRIVATE*** (Please indicate as appropriate)

PLEASE CIRCLE REASON FOR REFERRAL: Anxiety /Phobia, Gag Reflex, Failed LA, Surgical Procedure

Please give details about or any medical information which might affect the provision of treatment:

.....

.....

Patient's ASA classification: _____

BMI ≤ 35 ☐ **BMI at time of referral (____)** **Patient's OH status:** **Satisfactory** ☐ **Poor** ☐

Relevant diagnostic Grade Acceptable radiographs must be provided (Preferably digital/email)

(Tooth notation / surfaces of fillings clearly marked / diagnoses justifying treatment must be included)

Teeth to be **conserved** ----------/----------
Teeth for **removal** ----------/----------
Other Treatment ---------- **Cosmetic restorative / periodontal therapies / definitive endodontic treatment / implants to be referred to our private practice only**

Please ensure that the patient /parents/ guardian understand a consultation appointment is mandatory to obtain valid consent before sedation/treatment can be prescribed.

REFERRAL DENTIST'S/PRACTICE DETAILS (STAMP)

Practice: .....

Telephone No: .....

E-mail: .....