

REFERRAL FORM

DENTIST INFORMATION

Referring Dentist _____

Address _____

Telephone _____

Email _____

Patient Name _____

Address _____

Date of Birth _____

Telephone _____

Email _____

Have we seen the patient before?

YES **NO**

Has the patient been informed of the likely costs?

YES **NO**

Treatment required under sedation

YES **NO**

Any relevant medical history _____

TREATMENT INFORMATION

Tooth Number _____

Patient Symptoms _____

Has the tooth been root filled before? **YES / NO**

Appointment: **Consultation Only / Treatment**

Other comments/reasons for referral _____

Signature _____

PRICE LIST

Consultation	£50 (includes treatment plan and consent)
RCT	£495 - £695
Re RCT additional	£55 per canal
Core	£95
Direct Post	£150
Indirect Post	£295
Investigation Fee / Dismantling / Restorability Assessment / Temporary	£150
Extraction on same day	£150
Reviews at 1, 3 and 6 months, 1 year	Included (if required)
Annual review with radiograph	£50
Missed app / Short notice cancellations	£30 - £50 Fee is payable for long appointments