

Patient Details

MR/MRS/MASTER/MISS <small>*please delete as appropriate</small>	MALE/FEMALE <small>*please delete as appropriate</small>	Date Of Birth
First Name		
Surname		
Address		Post Code
Telephone Number		

Treatment required

Conservation

Extractions

For extraction of adult molars in young children we require an orthodontic opinion/treatment plan prior to referral. If possible consider temporising the teeth with poor prognosis in young children to keep them free from symptoms until the optimal age for extractions is reached.

Enclosures	
Medical History form	Y/N
Panoral	Y/N
Periapical/ Bitewings	Y/N
Specify Relevant Medical Conditions	

Justification for sedation	
<small>(please tick all that apply)</small>	
<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Needle Phobic
<input type="checkbox"/>	Lack Of Co-Operation
<input type="checkbox"/>	Increased Gag Reflex
<input type="checkbox"/>	Prolonged or unpleasant treatment
<input type="checkbox"/>	Other (Please State)

Referred by

Practice Stamp	Practitioner Name
	Referring Practitioner Signature
	Date