

# Quick Referral Form

For Dr Linda Greenwall's Dental Practice

5 Elm Terrace, Constantine Road, London NW3 2LL; T: 020 7267 7070; F: 020 7419 0123

Referring Dentist

Address:

Contact Tel No:

To: (please tick by the name)

Dr Linda Greenwall	Dr Jude Ferreira	Dr Guy McLellan
Dr Constantine Ong		

Patient's Name:

Patient's Address:

Patient's Contact Tel No:

Please see this patient for:

An Opinion

Treatment

This patient needs help with:

<input type="checkbox"/>	Tooth whitening	<input type="checkbox"/>	Implants	<input type="checkbox"/>	Fractured teeth
<input type="checkbox"/>	Periodontal problems	<input type="checkbox"/>	Aesthetic Dentistry	<input type="checkbox"/>	Hygienist care
<input type="checkbox"/>	Endodontic problems	<input type="checkbox"/>	TMJ	<input type="checkbox"/>	Pain
<input type="checkbox"/>	Bridgework	<input type="checkbox"/>	Tooth wear problems	<input type="checkbox"/>	Difficulty chewing
<input type="checkbox"/>	Restorative dentistry	<input type="checkbox"/>	Denture problems	<input type="checkbox"/>	Tooth sensitivity problems
<input type="checkbox"/>	Oral surgery	<input type="checkbox"/>	Wisdom teeth problems	<input type="checkbox"/>	Other (please specify)

Any relevant medical history?

Any further information you think might be helpful.

Signed:

(referring dentist's signature)

Date:

**Thank you for your referral.**