PATIENT REFERRAL LETTER

Grosvenor House
Orthodontic Practice

Address: 7 Upper Grosvenor Road, Tunbridge Wells, Kent TN1 2DU
T: 01892 542226 **E:** grosvenorhouse@jameshull.co.uk

Name of referring dentist:

Address:

Post Code:

Phone no:

E-mail:

PATIENT INFORMATION

Title:

Surname:

First Name:

Address:

Postcode:

Phone no:

Email address:

DOB:

Occupation:

SPECIALIST DENTIST THE PATIENT IS TO BE SEEN BY

☐	**Diarmuid O'Croinin / Paul Cole**	Full mouth restorative/ implant surgeon
☐	**Mike Goldsmith**	Endodontist / implant surgeon
☐	**David R Young**	Orthodontist
☐	**Simon Langford**	General Dentistry
☐	**Hygienist**	Hygiene Treatment only

REFERRED FOR

- ☐ **Opinion only**
- ☐ **Diagnosis & planning**
- ☐ **Complete treatment**
- ☐ **X - rays sent**
- ☐ **X - ray required**

RELEVANT MEDICAL HISTORY

DENTAL PROBLEM