



Woodhouse Implants & Aesthetics
229A Woodhouse Road
Friern Barnet
London N12 9BD
Tel. 02083689229

Endodontic Referral Form

Practice Details

Referring Practice:Date:
Practice Address.....
.....Tel:
Referring Dentist:
Email:

Patient details

Patient Name:Date of Birth:
Patient Address:
.....
Mobile:Tel Home:
Tel Work:Email:

Is this Referral urgent? Yes No

Referral Information

Please circle the tooth/teeth to be treated on the chart below:

Right Left															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Reasons for Referral

- Patient in pain, swelling, sensitivity
- Radiographic finding
- Carious pulp exposure
- History of trauma
- Endodontist Disease
- Other

BRIEF HISTORY (Comments about this referral)

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DIAGNOSTIC AIDS (Please tick all relevant boxes)

In order to minimise unnecessary exposure please indicate which radiographs you are sending with the referral

- OPG
- PA's
- Other Radiograph