



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

Oral Surgery 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

Table with dental chart layout: Right (8-1) and Left (1-8) teeth numbered in two rows.

Reasons for Referral

- [ ] Pain [ ] Recurrent abscesses [ ] Other
[ ] Swelling [ ] Tooth mobility
[ ] Bleeding [ ] Bad breath/taste

BRIEF HISTORY (Comments about this referral)

.....
.....
.....
.....

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 Radiographs

Signature.....

Date.....

**Price List**

Consultation ..... £75.00

**Price depending on difficulty:**

1..... £150.00

2..... £250.00

3..... £350.00

**Payment**

We accept credit card, debit card or cash.

Upon booking the appointment, deposit is required via phone payment and all accounts should be settled on the day. Any delay may affect the delivery of the service.

Any additional service required must be notified by the referrer at least 24 hours before the appointment (additional cost may apply).