

PARK DENTAL COMPANY

Referring General Dental Practitioner Details:

Date of Referral: _____

contact number: _____

**Please carry out the dental treatment detailed below under intravenous sedation.
Please refer patients complying with the current GDC Guidelines maintaining standards.**

NHS / Private referral? (delete as appropriate)
Has this patient been to our practice before? Yes / No

Patient Details (Block Capitals):

Title: _____ First Name: _____ Surname: _____

Address: _____ Date of Birth: _____

Postcode: _____ Male/Female (delete as appropriate)
Tel: _____ Mobile: _____

I would like to refer the above patient for treatment as: NHS Paid / NHS Exempt / Private

Treatment Requirements (Please include relevant x-rays):

Extractions (please include relevant x-rays):

Please carry out other treatment you find necessary: Yes / No

We have a duty to discuss changes to the treatment plan and in cases where the above is not marked and additional treatment may be required we will endeavor to discuss this.

Please indicate any known medical conditions and medications overleaf.

GDP Signature: _____

Print Name: _____

19 Main Street,
Bridgeton
Glasgow
G40 1QA

**Please make your patient aware that due to the length of sedation
appointments a deposit of £20 is required to secure their treatment appointment.
This is fully refundable on completion of treatment.**

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