Oaktree Dental Practice

SPECIALIST ENDODONTICS

Patient Referral Form

Oaktree Dental Practice
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Mortimer
Berkshire
RG7 3SY
01189 333121

Dr Kreena Patel BDS (Hons) MJDF RCS (Eng) MClinDent MEndo RCS(Edin)

Patient Details

Title: Name:	Surname:	
DOB:	Tel (H)	(M)
Address:		

Reason for referral

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

Comments: _____

_____

_____

_____

_____

_____

Primary RCT ☐ Re-treatment/Apicectomy ☐

History:

Pulp exposure ☐

Pain on biting ☐

Trauma ☐

Previously root treated ☐ When? _____

Please tick all that apply:

Radiolucency ☐ Vague symptoms ☐

Suspect crack ☐ Previously attempted ☐

Call me for special instructions ☐

Referring Practitioner

Dentist Name:	Practice Name:
Practice Address:	
	Tel:

We will contact patients directly to make an appointment. Many thanks for your referral.