PRECISION ORAL SURGERY

Waterside Dentalcare, Waterside Court, Falmouth Road, PENRYN, TR10 8AW 01326 378969
www.precisionoralsurgery.co.uk reception@watersidedentalcare.co.uk

Tanya Lommerse BDS MFDS RCSEd
Specialist Oral Surgeon

PATIENT REFERRAL FORM

Patient Details

Title: **First Name:** **Last Name:**

DOB:

Address including postcode:

Telephone Home:
Telephone mobile:

TREATMENT REQUIRED-PLEASE INDICATE SPECIFIC TEETH /AREAS

Is this referral urgent:
Is IV Sedation required:

RELEVANT MEDICAL AND DENTAL HISTORY

REFERRING DENTIST DETAILS

Name:
Address:

Email:
Signature:
Date:
Enclosures if any:

We would like to keep you up to date with any developments in the services that we offer in the future as well as any opportunities for CPD. Please confirm whether you would be happy to receive this in email format.

Please send me further information that may be of clinical interest to me via email **YES** **NO** (please indicate).

I know that I can stop receiving these updates at any time by emailing **reception@watersidedentalcare.co.uk** or calling 01326378969