

Patient Referral Form - Minor Oral Surgery

Details of patient

Title NHS number

First Name..... Surname

Male Female Date of birth

Address

.....

Postcode

Telephone home

Telephone work

Mobile number

Interpreter needed? Yes No

Please state language required.....

Copy of the referral given to the patient? Yes No

Doctor's name and address (if dentist referring)

Address

.....

Postcode

Date received / /

Appointment date / /

Venue

Details of referring practitioner

Name and title

Practice name and address

.....

Postcode

Telephone

Telephone

Fax

Email

Details of the referral

If the referral is **urgent** – please contact the appropriate IMOS clinic to discuss:

Oasis Dental Care: 07500 780018

The Maltings Dental Practice: 01476 563181

The Forum Dental Studio: 01427 615117

Reason for the referral and treatment requested

Brief history of complaint

Diagnosis

Treatment options discussed

Treatment requested

(Please write in full the teeth requested for treatment)

Patient Referral Form - Minor Oral Surgery Continued

Medical History

Current Medication

Please include details of any special requirements because of disability and mobility problems e.g. an induction loop, large print or wheelchair access)

Previous treatment associated with the tooth / teeth requiring treatment

Future Treatment arrangements

Radiographs

Radiographs attached Yes No Other (specify)

Digital

If none please state reason.

N.B. It is mandatory that you have undertaken a radiographic assessment of the tooth upon which to base your referral. If an attempt at extraction has been made / and or the tooth has fractured – please take a post operative radiograph and include. All analogue radiographs will be returned.

NICE Guidance in the Extraction of Wisdom teeth

Is this referral in line with NICE guidance on Extraction of Wisdom teeth: Yes No

If not followed, give reason why not

If an apicectomy requested, has the tooth been RCT'd / re-RCT'd Yes No

If the form is not fully completed, it will be returned to you for missing information and will result in the delay of treatment to your patient

Signature of Referring Dentist Date

IMOS clinics are based at the following locations: *Please tick the clinic which the patient has chosen to be referred to.*

*Oasis Dental Care, 47 West Street, BOSTON, PE21 8QN Forum Dental Studio, Vanessa Drive, GAINSBOROUGH, DN21 2UQ

The Maltings Dental Practice, Commercial Road, GRANTHAM, NG31 6DE

*Oasis Dental Care, 33 The Strait, LINCOLN, LN2 1JD *Oasis Dental Care, 32 Algitha Road, SKEGNESS, PE25 2AJ

***Please note that all referrals for Oasis Dental Care should be sent to: The Minor Oral Surgery Admin Office, Oasis Dental Care, 6 Carre Street, Sleaford, Lincolnshire, NG34 7TW for processing**