PRIVATE ORAL SURGERY REFERRAL

Please complete the referral form and email to theessex.dentalclinic@nhs.net

Please be aware we do not accept referrals for restorative treatment.

The minimum age for sedation is 16 years.

All NHS level 2 referral must go through the FDS system.

Incomplete forms will be rejected and all referrals need recent radiographs attached.

Patient Full name	
Patient Date of Birth	
Patient full address	
Patient contact number	
Patient email address	
Referring dentist	
Referring Practice	
Full practice address	
Practice telephone number	
Date of referral	
Practice NHS email address	
Patients GP name/practice	
GP telephone number	
Relevant medical history and medications	

Treatment Required	
Relevant x-rays included	

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



All patients that are referred for conscious I.V. sedation will require a pre assessment appointment first.

Thank you for your referral.