The Essex Dental Clinic Referral Form

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

The minimum age for sedation is 16 years.

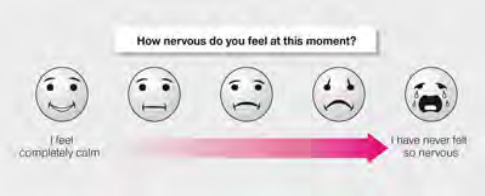
Incomplete forms will be rejected and all referrals need recent radiographs attached.

Please select referral type:	**NHS Level 1 – covers restorations and extractions**		**Private oral surgery**		**For Level 2 minor oral surgery, with or without sedation, please refer using FDS system**

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.