Lansdowne House, 15 Chapel Street, Bromsgrove, Worcestershire B60 2BQ
Tel 01527 872098 **Email** bettersmiles@lhdpsmilecare.co.uk
www.lhdpsmilecare.co.uk

LHDP
REFERRAL CENTRE

sedation referral form

Practice Details

Referring Practice: Date Referred:

Referring Dentist:

Practice Address:

Postcode:

Patient Details

Mr Mrs Ms Miss Other Patient's Name:

Patient's Address

Telephone Numbers: Home: Work: Mobile:

Email:

Date of Birth: Is this referral urgent? Yes No

Reason for Referral

- Routine extraction
- Restoration treatment
- Endodontic treatment
- Implant treatment
- Oral surgery treatment
- Anxiety
- Gag reflex
- Other routine treatment - Please specify
- Other non-routine treatment - Please specify
- Other - Please specify

Brief History / Comments about this Referral

Dental / Medical History

Is the patient taking any medication? If so please list below:

We see all our patients initially for a pre-sedation assessment - please tick to confirm the patient has been advised of the need for this initial appointment prior to any treatment ❑

*Please enclose any xrays

Thank you for your valued referral