

### Endodontic Referral Form

Dr Vipul Kataria BDS (Bristol), DPDS (Bristol), MFGDP (UK) RCS (Eng), MSc (Endodontics) UCL Eastman, Practice Limited to Endodontics

**Patient Information**

Mr  Mrs  Miss  Ms

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (primary): \_\_\_\_\_ Tel (other): \_\_\_\_\_ email: \_\_\_\_\_

Tooth requiring treatment: \_\_\_\_\_

**Reason for referral:**

Primary root canal treatment       Re-treatment       Diagnosis of pain       Second opinion

Is the tooth symptomatic?       Yes       No

Other (please specify in as much detail as possible):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referred By**

Name: \_\_\_\_\_ Practice address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Radiographs included?       Yes       No      Periapical: \_\_\_\_\_  
 Bitewings:       Left       Right

**Following endodontic treatment -**

Temporary restoration       Permanent core (at additional cost)       Prepare post space (at additional cost)

Please note that no restoration will be carried out without the express permission of the referring general practitioner.

Other (please state): \_\_\_\_\_

Relevant Medical History (including medications):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Once you have completed this form please submit it to Longborough. The contents of this form will be treated in strict confidence. Thank you.

**For Administrative Use Only**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Action taken:  
 \_\_\_\_\_  
 \_\_\_\_\_

Dr Vipul Kataria: \_\_\_\_\_ Date: \_\_\_\_\_