Referral Form



Garstang Dental Referral Practice	Please tick which service(s) you require	
Weind House	Removeable prosthodontics - Finlay Sutton	
Park Hill Road	Management of failing dentition - Finlay Sutton or Zohaib Ali	
Garstang Lancashire	Fixed prosthodontics/Restorative dentistry – Zohaib Ali	
PR3 1EL		
01995 606091	Orthodontics - Rachel Seed	
office@garstangdrp.co.uk www.garstangdrp.co.uk	Periodontics - Syed Abad	
garotar.garprotan	Endodontics – Shakil Umerji	
Referring Dentist		
Nama		
Practice Address		
Postcode	Phone Number	
Email Address		
Patient Details		
	Date of Birth	
Address		
Postcode	Phone Number	
Email Address		
Relevant Medical History		
Endodontic referrals Tooth be	eing referred for treatment	
Consultation only Root canal treatment Post and core placement Indirect restoration If the tooth is deemed unrestorable or it is not feasible to undertake endodontic treatment, would you like Garstang Dental Referral Practice to arrange for extraction and replacement? Yes / No Please send a recent PA with the referral to dental.v080382@nhs.net All films posted will be returned after the patient has been seen		
Reason for Referral		
Orthodontic referrals – please provide detr	ails and radiographs of any teeth of poor prognosis and if you have an OPG p	leace
enclose or email us a copy	and radiographs of any teeth of poor prognosis and it you have all OPG p	nease
Signature	Data	
Signature	Date	

We would be very grateful if relevant radiographs (in particular for endodontics) could be supplied at the time of referral. Please email radiographs to dental.v080382@nhs.net We will return all items to you.