



Southfields

DENTAL CENTRE ... at the blue house

## Referral Form

### REFERRING PRACTITIONER:

Name

Address

Telephone

Fax

Email

### PATIENT:

Name

DOB

Address

Telephone

Email

### REASON FOR REFERRAL: (Please tick)

Oral Surgery

Dental Implants

Mouth Lesions

Skin Lesions

Facial Aesthetics

Endodontics

Other (please specify) \_\_\_\_\_

Please specify clinician:

Mr. Aakshay Gulati FDSRCS (Eng), MBBS (Lon), MRCS (Eng), FRCS (Eng) OMFS

Dr. Pranshu Trivedi BDS, LDSRCPS (Glasg), FDSRCS (Eng)

### CLINICAL FINDINGS:

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RELEVANT MEDICAL DETAILS:


INVESTIGATIONS PERFORMED (IF ANY):


TREATMENT REQUIRED:


ENCLOSURES: (Please list)


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

Print Name: \_\_\_\_\_

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

**Please return to:** Southfields Dental Centre, 1 Augustus Road, Southfields, London, SW19 6LL.  
You can also refer online or download referral forms at [www.southfieldsdental.co.uk](http://www.southfieldsdental.co.uk)

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