

PLEASE CONSIDER THE DENTAL HOSPITAL REFERRAL GUIDELINES WHEN COMPLETING THIS FORM.

Who is your Patient?

What is the date today? (dd/mm/yyyy)

Which clinic are you referring your patient to?

Would you prefer your patient to see a specific consultant? No Yes

If Yes, please name the consultant:

Do you think this is an urgent referral?

No Yes

GDP/GMP DETAILS

You are the: General Dental Practitioner (GDP) General Medical Practitioner (GMP)

Both GDP and GMP details must be completed for the patient.

GENERAL DENTAL PRACTITIONER DETAILS:

Name

Practice Address

Telephone Number

GENERAL MEDICAL PRACTITIONER DETAILS:

Name

Practice Address

Telephone Number

WHO IS YOUR PATIENT?

Gender Female Male

Title

First Name

Family Name

NHS number

Date of Birth (dd/mm/yyyy)

Address Line 1

Address Line 2

Address Line 3

Postcode

Telephone Number (Home):

Telephone Numbers (Work):

Telephone Numbers (Mobile):

Interpreter Required? No Yes

Preferred language spoken (if not English):

Will your patient be arriving by ambulance? No Yes

Tell us about your patient's dental condition

Tell us about your patient's medical history

What medication does your patient take?

What do you want us to do for your patient?

Orthodontic Patients IOTN:

Aesthetic component:

Dental Health component:

Incisor relationship:

Skeletal relationship:

Basic Periodontal Examination:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you sent us anything else? Radiographs Photographs

Please note that study casts should not be sent with the referral letter, as they cannot be stored at the Dental Hospital. If necessary, your patient can bring them to the consultation appointment.

Any Other Information about the Patient:

Please sign the referral letter and post it to the Consultant in your selected clinic at:

THE UNIVERSITY DENTAL HOSPITAL OF MANCHESTER
HIGHER CAMBRIDGE STREET
MANCHESTER
M15 6FH

Occasionally it is necessary to fax your urgent referral, prior to posting the original form. If this is the case, please fax to 0161 275 6776. However, please only use the fax method for the most urgent referrals and indicate to us whether a separate referral letter is being sent.

This letter has also been sent by fax.

Practitioner Name

Practitioner Signature