



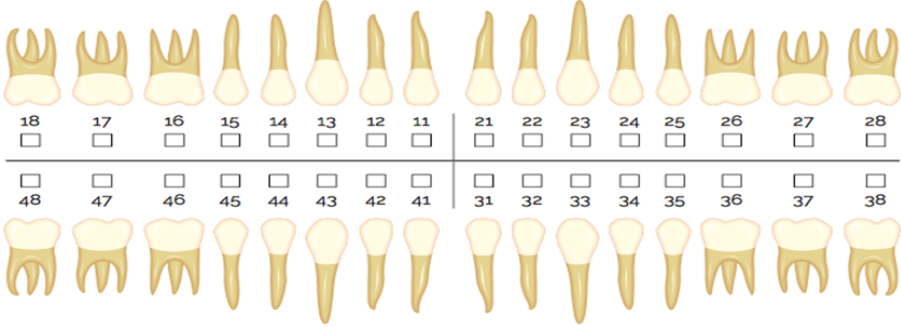
Toothwise – Hurworth Dental Practice
5 Church Row
Hurworth
Darlington
DL2 2AQ

Referral Form

Please complete each section and return to dental.v01293@nhs.net or post to the address above.

Referring Dentist Details	
Name	
GDC Number	
Practice Address	
Postcode	
Telephone Number	
Email Address	

Patient Details	
Name	
Date of Birth	
Address	
Postcode	
Telephone Number	
Email Address	

Referral Information			
Reason for Referral		Endodontics	
		Implants	
		Restorative/Cosmetic	
		Invisalign	
		CBCT (please see separate CBCT referral form)	
		OPT	
		Other (please state)	
Referral Information (Please include as much information as possible e.g. tooth, diagnosis, existing treatment etc. If referring for OPT or CBCT please indicate the justification for exposure).	Please indicate teeth involved in the referral.		
	 <p>The dental chart displays 32 teeth in two rows. The top row shows teeth 18 to 28, and the bottom row shows teeth 48 to 38. Each tooth is represented by a small illustration with a checkbox below it. A vertical line separates the upper and lower arches.</p>		
	Details:		
BPE			
Patient Medical History			
Attachments	Please send via email (x-rays, clinical photographs etc.)		

Signed referring dentist –

Date of referral –