Newcastle Dental Practice
General, Cosmetic & Dental Implant Centre

Date…….

Patient details

Name:…… Sex: M / F

DOB : ……

Address: ……..

……..

Postcode: …….

Telephone – Home …….. Mobile ……..

Reason for referral

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History of presenting complaint

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Medical history – including medications and allergies

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Provisional Diagnosis – and any treatment carried out already. Please enclose current radiographs.

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Other relevant information

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GDP Details

Name (Caps) ……..

Signature ……..

Practice address:

……

…… Post code ……..

Practice tel. no: ……..