



**Specialists in Endodontics**

Dr Alan Holland MSC BChD LDS RCS (Eng)  
Dr Massimo Giovarruscio DipDent (Rome)  
Dr Armineh Arzandeh DDS MSc MClInDent  
(Endodontology) MEndo RCSEd

**Specialist in Oral Surgery**

Dr Simon Martin MBChB BDS FDS RCS (Eng)

REFERRAL FORM

Date

ENDODONTIC     ORAL SURGERY     PERIODONTICS

|                          |           |
|--------------------------|-----------|
| Referring Dental Surgeon |           |
| Practice                 |           |
| Address                  |           |
| Postcode                 |           |
| Tel                      | Fax       |
| Email                    | Signature |

|  |         |         |
|--|---------|---------|
| Patient Name   |         | Title   |
| Address  |         |         |
| Postcode   |         |         |
| DOB / /  | Tel (h) | Tel (w) |
| Mobile   |         | Email   |
| Have we seen the patient before? <input type="radio"/> Yes <input type="radio"/> No    Would your patient like contact via email? <input type="radio"/> Yes <input type="radio"/> No |         |         |

|  |
|--|
| Tooth Number(s)  |
| Reason for referral  |
| Note: If patient requires sedation or would like to discuss finance, a consultation is required. <input type="radio"/> Yes <input type="radio"/> No  |
| Endodontic Referrals: Do you wish for us to do the post and core if one is required? <input type="radio"/> Yes <input type="radio"/> No  |
| Pain: <input type="radio"/> Yes <input type="radio"/> No    If yes: <input type="radio"/> Severe <input type="radio"/> Moderate <input type="radio"/> Mild    Swelling: <input type="radio"/> Yes <input type="radio"/> No |
| Tooth previously root treated: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Consultation only <input type="radio"/> Treatment  |
| Radiographs enclosed: <input type="radio"/> Yes <input type="radio"/> No   |

9 North View, Westbury Park, Bristol BS6 7PT  
T: 0117 923 8400 F: 0117 946 7007

**Endodontics:** www.rootfillings.com E: info@rootfillings.com

**Oral Surgery:** www.bristoloralsurgery.com E: simon@bristoloralsurgery.com

Thank you for your referral