



**OAKMEAD DENTAL CARE**  
*the caring practice*

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**ORAL SURGERY REFERRALS FROM DENTISTS**

Paul Cassidy BDS (Belf)1998 DPDS (Brist) 2007

Please make a referral by completing the form below and sending back to us using the contact details above.  
You can also book online via our website. If you have any questions, please feel free to give us a call on 01342 325363

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Patient Address:</b> _____ _____ _____	<b>Urgent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Patient Home Number:</b> _____	<b>Dentist Name:</b> _____
<b>Patient Mobile Number:</b> _____	<b>Dentist Address:</b> _____ _____ _____
<b>Patient Email:</b> _____	<b>Dentist Telephone Number:</b> _____
<b>Dental History:</b> _____ _____	
<b>Medical History:</b> _____ _____	
<b>Treatment Required:</b>	
<input type="checkbox"/> Difficult Extraction	<input type="checkbox"/> Wisdom Teeth Extraction
<input type="checkbox"/> Sinus Lift	<input type="checkbox"/> Sinus Graft
<input type="checkbox"/> Grafting Prior to Implant Placement	<input type="checkbox"/> Implant Restorations
<b>Your Signature</b> _____	<b>Date</b> _____