Wyndcott Dental Centre

Birchwood Park Avenue,
Swanley, Kent.
BR8 7AT
01322 662493
www.wyndcottdental.co.uk

Oral Surgery / Sedation Referral Form

Referral Date	

Details of Referring Dentist

Name of Dental Surgeon/Orthodontist _____

Signature _____

Practice Address _____

_____

_____

Telephone _____

Patient Details

Title _____ Name _____

Date of Birth _____ Male ☐ Female ☐

Practice Address _____

_____

_____

Telephone _____

Please note: We are only able to accept patients up to 21 stones / 135Kg

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Medical History (please include list of medication)

Reason for Referral

Sedation required: Yes ☐ No ☐ Maybe ☐ (we will discuss with the patient)

Please include any relevant radiographs. Any original copies will be returned to you.

If you have any queries the please do not hesitate to get in touch

Telephone 01322 662 493

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