North Yorkshire

ENDODONTIC

REFERRAL

Service

Nitin Prasad
BDS (Hons) MFDS RCS Eng (2005)
Pg Dip Endodontology

Endodontic Referral Form

THE RED HOUSE DENTAL PRACTICE

Referring Dentist _____ Date _____

Address _____

_____

_____

Telephone No. _____

Patient's name _____ D.O.B. _____

Address _____

_____

_____ Postcode _____

Telephone No. (Home)_____(Mobile) _____

Endodontic problem:

❑ Apical periodontitis ❑ Irreversible pulpitis ❑ Fractured post/file

❑ Perforation ❑ Sclerosed canal ❑ Root resorption

❑ Failed endo ❑ Other _____

Please add relevant medical history _____

_____

Please add any other information that you think may be helpful _____

_____

Please **attach any relevant radiographs** and return this form to:

Nitin Prasad,
The Red House Dental Practice,
Victoria Road,
Malton, YO17 7JJ

For further information speak to Nitin directly on 01653 693809 or email nitin@redhousedentists.co.uk

THE RED HOUSE DENTAL PRACTICE
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