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**Service**  
**Lucy Frost**  
BDS, FDS, RCPS,  
Specialist in Oral  
Surgery

**Oral Surgery Referral Form**



Referring Dentist \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Patient's name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Reason for referral \_\_\_\_\_  
\_\_\_\_\_

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:

Lucy Frost,  
The Red House Dental Practice,  
Victoria Road,  
Malton, YO17 7JJ

**For further information speak to Lucy directly on 01653 693809  
or email [lucy@redhousedentists.co.uk](mailto:lucy@redhousedentists.co.uk)**