



# Patient Referral Form

Oaktree Dental Practice  
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E: [reception@oaktreedentalpractice.co.uk](mailto:reception@oaktreedentalpractice.co.uk)  
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## SPECIALIST ENDODONTICS

**Dr Kreena Patel BDS (Hons) MJDF RCS (Eng) MClinDent MEndo RCS (Edin)**

Patient Details		
Title:	Name:	Surname:
DOB:	Tel (H):	(M):
Address:	Email:	

Reason for referral			
<b>8 7 6 5 4 3 2 1</b>	<b>1 2 3 4 5 6 7 8</b>	Primary RCT <input type="checkbox"/>	Re-treatment/ Apicectomy <input type="checkbox"/>
<b>8 7 6 5 4 3 2 1</b>	<b>1 2 3 4 5 6 7 8</b>	<i>Please tick any that apply</i>	
Comments: _____		Pulp exposure <input type="checkbox"/>	
_____		Trauma <input type="checkbox"/>	
_____		Radiolucency <input type="checkbox"/>	Vague symptoms <input type="checkbox"/>
_____		Suspect crack <input type="checkbox"/>	Previously attempted <input type="checkbox"/>
_____		Previously root treated <input type="checkbox"/>	When? _____
_____		Call me for special instructions <input type="checkbox"/>	

Referring Practitioner	
Dentist Name:	Practice Name:
Practice Address:	
Date:	Tel:

We will contact patients directly to make an appointment. Many thanks for your referral.

Refer patients even faster through our online web form! Visit [www.oaktreedentalmortimer.co.uk/referrals/](http://www.oaktreedentalmortimer.co.uk/referrals/)