# Referral Form

Make all referrals on practice headed paper and include the name, qualifications, address, email address and telephone numbers of the referring dentist. Keep a copy with the patient’s notes.

**Referral to:** [Insert Name, title, address]

**Type of referral:** [Indicate if referral is urgent or routine]

**Patient Details:** [Include name, title, gender, address, telephone numbers]

**Reason for referral:**

**Brief history of complaint:**

**Patient medical history and any special needs:**

**Patient appointment preferences:**

**Preferred method of contact:**

**Is the patient available for an appointment at short notice?**

**Has patient previously attended this referral practitioner?** [If yes, include reference number]

**Enclosures:** [Insert details of enclosed items, e.g. radiographs. Ask for original radiographs etc. to be returned after use.]

**Signature of referring practitioner:**

**Date:**