

UKSH DENTAL REFERRAL FORM

Please complete this form, sign it and fax it back to:
0117 906 1950 (AGW) or 01749 333 601 (SMTC).

UKSH SOUTH WEST

c/o Emersons Green NHS Treatment Centre, The Brooms, Emersons Green, Bristol, BS16 7FH
Tel: **0117 906 1800** Fax:0117 906 1950 Email: referrals.uksh@nhs.net

Please tick to indicate which treatment centre you are referring your patient:

- Emersons Green NHS Treatment Centre
 Shepton Mallet NHS Treatment Centre

- Devizes NHS Treatment Centre
 Cirencester NHS Treatment Centre

Date:

REFERRER DETAILS

Referred by:
Practice name:
GDP no:
Contract holder no:
PCT code:
Practice address:

Telephone no:
Fax no:
Email address:

Name of patient GP:

Name of GP practice:

PATIENT DETAILS

Name: (Title, Forename, Surname)
Address:

 Postcode:
Telephone no:
Date of birth: NHS no:
Gender: Ethnicity:
Height: cm Weight: kg
Transport required (Yes/No):
Transport requirements:
Interpreter required (Yes/No):
Interpreter requirements:

Reason for referral:

Current & relevant diagnostic tests (with dates):

Relevant past medical history:

Patient's current medication:

Known allergies:

UKSH Exclusion Criteria have been adhered to (www.uk-sh.co.uk): YES NO

Dr. name:

Signature: Date: