Sedation Referral Form

Shades CLINIC
Live beautiful

Patient details:

Title DOB:

First Name Surname

Address

Tel (Home) (Mobile)

Email

Referrer details:

First Name Surname

Address

Tel

Reason for referral:

Dental Treatments required

☐ Sedation ☐ Restorative ☐ Tooth extraction

☐ Root canal treatment/Re-RCT ☐ Periodontal treatment ☐ Implants

Radiographs Enclosed Yes No

Additional information:

Please email to info@shades-clinic.com or post to 382 Uxbridge Road, Ealing Common, London W5 3LH. We will contact the patient to arrange an appointment.

Fees can be found on www.shades-clinic.com

Aesthetic Dentistry Awards 2016 WINNER

WINNER Dentistry AWARDS 2016 BEST TEAM

Private Dentistry AWARDS 2016 Finalist

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