

The Temple Practice
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Leeds
LS17 6DW

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www.templepractice.com



the
temple
practice

West Park Dental Practice
42 Park Street
Brighouse
HD6 1JL

Phone: 01484 711178
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Referral Form

Referring Dentist Details:

Full Name: Date Referred: GDC Number:
Address: Postcode:
Telephone:
Email:

Patient Details:

Full Name: Date of Birth:
Address: Postcode:
Contact Telephone Number:
Email:

Relevant Medical History: (Please give details)

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Reason for referral to Rob Finch:

Please include further details about the reason for referral:

- [] Implant Assessment Advice
[] Implant Surgical Placement & Restoration
[] Restorative Treatment
[] Endodontic Treatment

Radiographs or Scans: (Please give details of any Radiographs or Scans you may have enclosed with this referral)

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Please note there will be a patient consultation fee of £90

Any further treatment will be discussed and a full written quote will be given to the patient at the consultation.

Referring dentist's signature: Date Referred: