GIBSIDE DENTAL

REFERRAL FORM

Referral

- Complex restorative
- Periodontics
- Endodontics
- Oral surgery
- Dental implants
- Anxiety management
- Invisalign
- Dental sleep medicine
- Smile makeover

PATIENT DETAILS

Name: _____ DOB: _____

Address: _____ Telephone: _____

_____ Email: _____

_____

Postcode: _____

Reason for referral

_____

_____

_____

_____

Radiographs enclosed ○ OPG ○ Bitewings ○ Periapical

Relevant dental and medical history, including medications

_____

_____

_____

Referrer details

Name: _____ GDC: _____

Practice address _____ Telephone: _____

_____ Email: _____

_____ Signed: _____

Postcode: _____ Date: _____

Gibside Dental
Sandyview Buildings
Burnopfield
Newcastle upon Tyne
NE16 6AH

0191 743 4349

reception@gibsidedental.co.uk
www.gibsidedental.co.uk

gibsidedental

gibsidedental

OPENING TIMES

Monday	8:00-20:00
Tuesday	8:00-20:00
Wednesday	8:00-20:00
Thursday	8:00-20:00
Friday	8:00-17:00
Saturday	8:00-13:00
Sunday	By Appointment Only