

# Patient Referral Form

## Endodontics

With Dr Jonathan Skidmore BChD MFDS MSc (Endo)  
Dentist With Special Interest in Endodontics

# THE VALLANCE

## DENTAL CENTRE

Practitioner Name	Patient Name <input type="checkbox"/> M <input type="checkbox"/> F
Practice Name & Address	Patient DOB
	Patient Contact Number
Practice Contact Number	Patient Contact Email
Practice Contact Email	Permission to contact patient by <input type="checkbox"/> Email <input type="checkbox"/> Phone
Diagnosis	Medical History
Treatment Carried Out So Far	Radiographs Attached (Radiograph required if treatment requested) <input type="checkbox"/> Periapical <input type="checkbox"/> OPG

Procedure Requested

Please tick all that apply

☐ Assessment Only

☐ Endodontic Treatment

☐ Endodontic Retreatment

☐ Post Removal

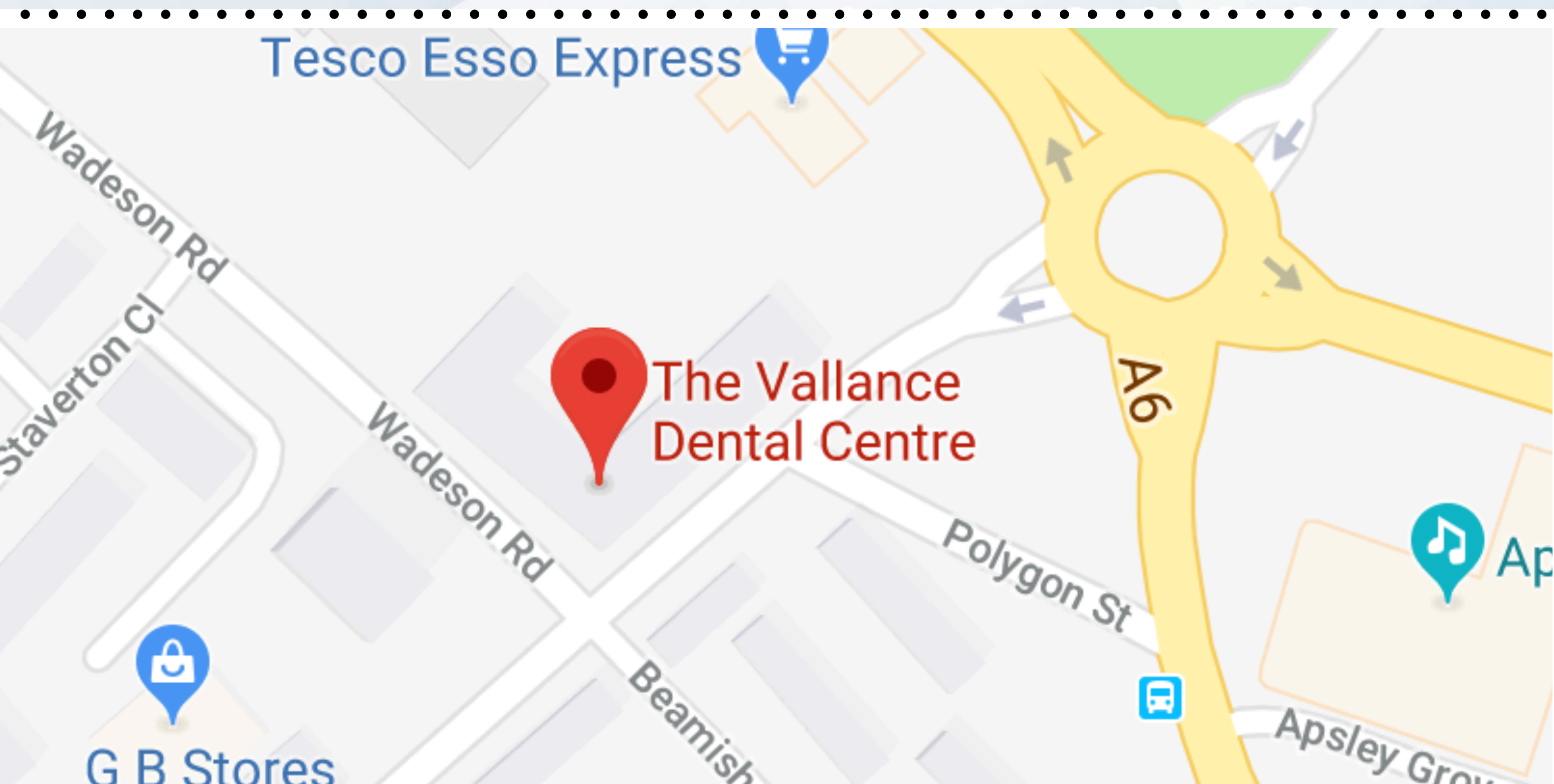
Tooth / Teeth Requiring Treatment

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Post Treatment Permanent Restoration eg. Cuspal Coverage

☐ Please refer back to me ☐ Please carry this out on a private basis

Please Tear/Cut and give the lower half to the patient. Please scan the above and send by email to [reception@vallancedentalcentre.com](mailto:reception@vallancedentalcentre.com)  
Forms available to download for printing at [www.vallancedentalcentre.com/referrals](http://www.vallancedentalcentre.com/referrals)



You have been referred for your endodontic treatment to :

Vallance Dental Centre  
Wadeson Road  
Manchester  
M13 9UJ

You can find us on the 1st floor of the Vallance Health Centre

[www.vallancedentalcentre.com](http://www.vallancedentalcentre.com)  
[reception@vallancedentalcentre.com](mailto:reception@vallancedentalcentre.com)  
0161 273 5998