



RHIWBINA DENTAL

# REFERRAL FORM

## PATIENT DETAILS

Mr/Mrs/Miss/Ms/Other ..... Date of Birth .....

Surname ..... First Name .....

Address .....

..... Postcode .....

Tel Home ..... Tel Mobile .....

General Medical Practitioner .....

## REFERRING PRACTITIONER

Name .....

Address .....

..... Postcode .....

Tel Home ..... Tel Mobile .....

Signature ..... Date .....

## NATURE OF CLINICAL PROBLEM

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.....  
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## TEETH TO BE TREATED

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## PROPOSED TREATMENT DETAILS

Relevant Dental History .....

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Relevant Medical History .....

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Other Information (eg: when tooth was XLA, root fracture etc.) .....

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RHIWBINA DENTAL

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TO WHOM DO YOU WISH TO REFER YOUR PATIENT?

**A** **Dr Nicholas Claydon BDS MScD PhD  
MJDF RCS (Eng) FHEA**  
Specialist in Periodontology & Implantologist

**C** **Dr David J C Pitt BDS (Wales) DPDS  
MCGDent (UK) MSc (Non-Surgical  
Facial Aesthetics)**  
Specialist in Restorative Dentistry &  
Implantologist

**E** **Dr Joon Seong BDS, MFDS RCPS(Glasg),  
PhD, FDS RCPS (Glasg)**  
Specialist in Periodontics & Implantologist

**G** **Dr Gareth Thomas BDS (Hons) MFDS  
(RCSEd) MSc (Endo) MEndo (RCSEd)  
MRD (RCSEng) PGC (Dental Ed)**  
Specialist Endodontist

**I** **Dr Wynn Evans Jenkins BDS DPDS**  
Special Interest in Aesthetics & Restorative  
Dentistry

**K** **Dr Jonathan Colman-Nally BDS MJDF  
RCSEng, MSc Dental Implantology  
(Distinction)**

**M** **Dr Lorna Thomas BDS**

**B** **Dr Robert Adams BDS FDS RCS (Eng)  
MSurgDent RCS MSc (UCL, Implant  
Dentistry)**  
Specialist in Oral Surgery & Implantologist

**D** **Professor David W Thomas BDS,  
FDRSCEd, FDSRCSEng (ad eundem),  
PhD**  
Professor/Hon Consultant in Oral &  
Maxillofacial Surgery

**F** **Mr S Jeremy Hayes BDS (Wales) FDS  
RCPS (Glasgow) MRD RCS (Edinburgh)**  
Specialist in Endodontics

**H** **Dr Colin McCubbin BDS DGDGP**  
Special Interest in Restorative & Cosmetic  
Dentistry

**J** **Dr Shaun Hodge BDS MFDS RCPS  
(Glasg)**  
Special Interest in Dental Implants,  
Periodontology

**L** **Dr Richard Crossland BDS**  
Provider of non-surgical facial aesthetics  
and Invisalign treatment

Signature ..... Date .....