



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

.....
.....
.....

TEETH TO BE TREATED



PROPOSED TREATMENT DETAILS

Relevant Dental History

.....

Relevant Medical History

.....

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

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RHIWBINA DENTAL

REFERRAL FORM

TO WHOM DO YOU WISH TO REFER YOUR PATIENT?

A **Professor 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